

**The Exploration of Social Support and Social Networks in
Homeless and Vulnerably-Housed Women**

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DEDICATION

This thesis is dedicated to the women who shared their stories for this project. I hope that this research reflects your experiences.

ABSTRACT

Social support is best understood from a gendered perspective. Women place more emphasis on their social relationships than men, relying on them to cope with stressful situations. Women's social relationships become crucial during experiences of homelessness as they rely on their relationships to address basic needs. This paper explored how social support and social networks are experienced within homelessness and housing vulnerability.

Two studies examined social support and social networks in homeless and vulnerably-housed women. Study One used a quantitative approach to examine group differences on social support and social network characteristics. Forty-nine homeless and forty-three vulnerably-housed women completed three measures to assess their social networks, social support networks, and global social support. Results showed similar social networks and global social support scores between groups. However, vulnerably-housed women reported fewer social support network members than homeless women, suggesting they have fewer supportive individuals in their lives.

Study two used a qualitative approach to understand how homeless and vulnerably-housed women experience social support. Ten homeless and ten vulnerably-housed women discussed their social networks and social support through semi-structured interviews. Responses were used to develop a model of social support interactions and highlighted new aspects of the experience. Participants described how they used strategies to offer and elicit support with their networks, as well as how their contexts shaped their interactions. The positive and negative outcomes from these interactions also became part of the contexts that influenced future interactions. These findings offer new considerations for social support theory and suggestions for service provision.

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CHAPTER 1:
INTRODUCTION

Introduction

Women, youth, and families are homeless in Canada at a growing rate (Gaetz, Gulliver, & Richter, 2014). These groups are often unseen, experiencing homelessness as a hidden minority and out of the public consciousness. This invisibility increases the chance that these individuals and families will be overlooked by society and fail to have their needs met. This thesis will look specifically at homeless women and their experiences as a hidden minority.

Single women account for 15 to 30% of the homeless population and their experiences of homelessness are different from men (Alliance to End Homelessness [ATEH], 2015; Gaetz et al., 2014; Novac, Brown, & Bourbonnais, 1996; Segaert, 2012). Homeless women have been described as invisible, choosing support and services that keep them hidden from mainstream society (Klodawsky, 2006). They are more likely to be couch surfing than men, preferring to find alternative means of housing (e.g. befriending housed men) rather than staying in shelters or sleeping rough (Klodawsky, Farrell, & Aubry, 2002). They are also at an increased risk of victimization while homeless and these safety concerns may influence their daily choices (Aubry, Klodawsky, Hay, & Birnie, 2003). This invisibility suggests that homeless women merit study. There is a need for research to better understand their unique experiences and how women's homelessness can be understood, prevented, and ended.

Women's social relationships intersect with their experiences of homelessness. Relationships become crucial for support and safety during homelessness, often providing aid with basic needs. Women in general place more emphasis on their social relationships, relying more on their social networks to cope with stress than men (Defares, Brandes, Nass & van der Ploeg, 1985; Haines, Beggs, & Hurlbert, 2008; Turner & Marino, 1994; Vaux, 1985). Women rely on their social relationships to help them cope with their homelessness (Klitzing, 2004a)

Several studies have suggested that social relationships can influence housing situations in both positive and negative ways (Cheng et al., 2013; Cohen, Ramirez, Teresi, Gallagher, & Sokolovsky, 1997; Karabanow, 2008; Tessler, Rosenheck, & Gamache, 2001). The literature has also suggested that housing status can influence social relationships, by providing or limiting opportunities for connection and social support (Bui & Morash, 2010; Nelson, Hall, Squire, & Walsh-Bowers, 1992). However, few studies have specifically examined these trends in women.

This thesis explored social relationships in homeless and vulnerably-housed women. It used both quantitative and qualitative methods to understand how social relationships relate to housing experiences in women. The first chapter provides a comprehensive literature review. The second chapter uses established quantitative measures to compare the social support and social networks of homeless and vulnerably-housed women. The third chapter explores social support through a qualitative approach to understand how homeless women experience social support in their daily lives. Finally, the fourth chapter discusses the findings of both studies, offering conclusions and implications from their combined results.

Review of the Literature

Homelessness

Homelessness describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing (Canadian Homelessness Research Network, 2012, p.1).

Homelessness at its core can be defined as an individual or family without a home. However, it is a far more complex state that is influenced by systemic, societal, and individual factors. The above definition provides some insight into the complexities of homelessness and the negative outcomes for those who experience it. The literature outlines three types of homelessness: Absolute homelessness, hidden homelessness, and relative homelessness (Girard, 2006; Hwang, 2001). Absolute homelessness refers to anyone who is staying in emergency shelters or sleeping outside. Hidden homelessness refers to individuals who may be staying with friends and family or living in their cars, but do not have their own housing. More broadly, relative homelessness includes anyone who is currently without a home as well as those at risk of losing their housing (Girard, 2006). This approach highlights individuals who may not be visibly homeless but also experience the same stresses and challenges related to housing. It is important to consider all three types in order to understand the complexities of homelessness.

Housing Vulnerability

Another common term to describe relative homelessness is housing vulnerability. Vulnerably-housed individuals have housing but are at risk of becoming homeless and are characterized by a lack of security and stability in their current housing situation (Gaetz et al., 2014). The vulnerably-housed may be experiencing housing instability due to situations where housing is unaffordable, overcrowded, of poor quality, or unsafe (Gaetz et al., 2014).

Vulnerably-housed populations have shown similarities to homeless populations. Hwang et al. (2011) suggested that housing status is dynamic, with some individuals experiencing frequent transitions between housing and homelessness. A study of housing trajectories showed that homeless individuals had intermittent periods of being housed in their recent past (Lyon, Dooley, & Gagnon, 2014). This suggests that vulnerably-housed and homeless individuals are similar population at different stages of the same housing trajectory.

However, studying vulnerably-housed populations can provide valuable insight into understanding homelessness. Their housing differences may highlight dissimilarities that may offer evidence for new approaches to preventing and ending homelessness. Previous studies have used this logic and compared these populations on various characteristics and life experiences (e.g. Lyon et al., 2014).

Enumerating Homelessness

Approximately 235,000 individuals are homeless in Canada (Gaetz et al., 2014). A further 733,275 individuals or 18% of Canadian households are experiencing housing vulnerability (Gaetz et al., 2014). Shelter data and point-in-time counts suggest that between 1% and 5% of the population is currently homeless in different Canadian Cities (Calgary Homeless Foundation, 2014; Gaetz et al., 2014; Yellowknife Homelessness Coalition, 2009). However, these statistics

are only estimates due to the high number of hidden homeless that are often unaccounted for (e.g. individuals who may be couch surfing, institutionalized, or not accessing services). In Ottawa, shelter use data reports 6,520 individuals used emergency shelters in 2014 for an average of 77 days (ATEH, 2015). Also, 10,224 households were waiting for rent-g geared-to-income housing in Ottawa (ATEH, 2015). However, this is again a conservative estimate that overlooks individuals who choose not to access services.

The homeless population is diverse and includes all types of people. Across Canada, the majority of homeless individuals are men (47.5%), 20% of the population are youth ages 16-24, and 4% are families (Gaetz et al., 2014). In Ottawa, 47% of shelter users are single men, 14% single women, 6% youth and 11% are families (ATEH, 2015). Enumerations of homelessness most commonly report these specific age and gender groups, but other kinds of groupings show different trends. For example, studies of race/ethnicity show there is an overrepresentation of ethnic minority groups within the homeless population (Kuhn & Culhane, 1998; Thompson, Kost, & Pollio, 2003). In Canada specifically, Aboriginal and Inuit individuals are disproportionately homeless (Aubry et al., 2003; Belanger, Head, & Awosoga, 2012). Homelessness is commonly studied with consideration of these diverse groups and their unique experiences.

Gender Differences in Homelessness

Although women are still a minority of the homeless population, they report significantly different experiences of homelessness than men. In general, women experience shorter episodes of homelessness and are more likely to exit homelessness (Calsyn & Morse, 1990; Zlotnick, Robertson, & Lahiff, 1999; Zugazaga, 2004). Women also experience more housing stability and are less likely to return to being homeless than men (Aubry et al., 2007; Zlotnick et al., 1999).

When looking at other factors that may contribute to homelessness, women are less likely to be employed than men and less likely to have been convicted of a crime (Calsyn & Morse, 1990; Zugazaga, 2004). Homeless women also reported higher rates of mental illness but lower rates of physical illness than homeless men (Ritchey, La Gory, & Mullis, 1991).

However, gender differences in homelessness extend beyond these individual factors and personal experiences. Structural and societal factors can influence each gender's experience of homelessness. For example, shelter services are offered separately to each gender in Ottawa, segregating women and influencing access to services. Furthermore, safety is a concern for women who are homeless. Women experience significantly higher rates of assault than men both while homeless and throughout their lives (Calsyn & Morse, 1990; Zugazaga, 2004). To address their safety, women have been known to find alternative options for housing, preferring to stay with friends or family, or befriending housed men rather than staying at a shelter or sleeping rough (Klodawsky, 2006).

Gender is only part of an individual's identity. Other types of identities may influence experiences of homelessness (Gaetz et al., 2014). Race/ethnicity and sexual orientation are other common identities discussed in the literature that may further marginalize homeless individuals (Josephson & Wright, 2000; Kuhn & Culhane, 1998; Thompson et al., 2003). Gender interacts with other types of identities, potentially enhancing the marginalization experienced from these combined identities. For example, aboriginal women are further marginalized by their combined aboriginal and female identities. Although exploring these identities is not the focus of this paper, these interactions are important to remember when discussing gendered experiences of homelessness.

Reasons for Homelessness

Several common factors have been reported to significantly influence homelessness. Understanding which factors contribute to homelessness provides suggestions for ways in which homelessness can be prevented and ended. Several studies have identified financial difficulties and eviction as reasons for homelessness (Aubry et al., 2003; Aubry, Klodawsky, Nemiroff, Birnie & Bonetta, 2007; Lehmann, Kass, Drake & Nichols, 2007). However, Tessler et al. (2001) found significantly different causes of homelessness for women and men in the United States. Men cited a loss of job, discharge from an institution, mental health problems, and substance use as reasons for their current homeless episode. Women, however, cited eviction, interpersonal conflict, and loss of instrumental support as their top reasons for homelessness (Tessler et al., 2001). Although men reported health and employment challenges, women underlined the relational factors that contributed to their homelessness.

Lehmann and colleagues (2007) compared newly homeless women and never-homeless women in two American cities. They found that the significant risk factors for homelessness included recent eviction, recent relocation, ceasing work in the past year, and living in overcrowded or marginalized housing. The majority of homeless women in this study reported experiencing two or more risk factors, while most of the housed women reported zero or one risk factor (Lehmann et al., 2007). This brings attention to the multiple factors that contribute to women's homelessness.

Social Relationships

Social relationships are a significant part of daily life. Social relationships have been extensively studied, offering insight into social interactions, social networks, and social support. However, these concepts have been overlooked in the homelessness literature. The following

sections outline the research on social support and social networks, and then consider them within the context of women's homelessness and housing vulnerability.

Social support. Researchers have used many different definitions in the attempt to capture the complexities of social support. Hupcey (1998) reviewed the social support literature, finding that each definition focused on one of five categories of social support: the type of support provided, the recipient's perceptions of support, the behaviours and intentions of the support provider, the exchange of support, and support as a function of social networks. All five categories address different features and functions, but no single definition has been found to accurately encompass all facets of social support (Hupcey, 1998).

Social support theories. Early theories described social support as a feedback system, offering validation of the self and satisfaction through these relationships (Cassel, 1976; Caplan, 1974). Since then, many theories have attempted to explain the details of social support. More recent theories can be grouped into two larger perspectives: a behavioural approach and a relational approach. The behavioural theories suggest that specific behaviours are supportive and experiencing these behaviours can be understood as social support (e.g. Antonucci, 1985; Sarason, Levine, Basham, & Sarason, 1983). Many measures have been created to assess specific social support behaviours and are commonly used in the literature (e.g. Malecki & Demaray, 2002; Sarason et al., 1983)

The relational approach suggests that social support is a social activity that is built through everyday interactions (Leatham & Duck, 1990; Gottlieb, 1985; Gottlieb & Sylvestre, 1994; Taylor, Sylvestre, & Botchner, 1998). Through communicative actions, individuals work together to create a shared understanding of interactions, shared experiences, and emotions. It is these mutual understandings that are interpreted as supportive (Taylor et al., 1998). This

relational view also argues that interactions must be interpreted within their social contexts.

Duck (1995) suggests that relationships are built within a context, and cannot be defined without acknowledging the contextual factors at play. Context helps individuals make meaning of their interactions and provides them with a basis for interpretation. It is within these contextual understandings that social support is perceived (Leatham & Duck, 1990).

Although the majority of the social support literature uses a behavioural perspective, there is evidence for a relational approach to understanding social support in homeless and vulnerably-housed women. Women's emphasis on relationships and their use of relationships to cope with daily stressors suggests a need to examine the daily supportive interactions of women (Defares et al., 1985; Wright, 1982; Vaux, 1985). This perspective is especially important with homeless and vulnerably-housed women, as their social relationships are intricately tied to their housing contexts.

Social support classifications. Social support has also been described through the use of classifications. The most commonly used classification system is House's (1981) four types of social support: instrumental, informational, emotional, and appraisal support. Instrumental support refers to the tangible support individuals may give or receive, such as money, practical aid, and needed resources. In a similar way, informational support is advice and knowledge sharing provided or received. Emotional support is the love, caring, sympathy, and understanding received or given. Appraisal support provides the individual with acceptance and knowledge of their worth as an individual (House, 1981). Other researchers have developed variations on these categories (Argyle, 1992; Barrera, 1980; Henderson & Argyle, 1985).

Another common classification system divides social support into perceived or enacted support (House, 1981; Thoits, 1995; Wills & Shinar, 2000). Perceived social support suggests

that an individual perceives social support available to them. Social support is commonly measured through this lens, using self-reports to examine the amount of support they perceive to have and their satisfaction with support. This concept is often studied in the literature and has been closely linked to mental health and well-being (Thoits, 1995; Wills & Shinar, 2000). However, perceived social support has been criticized for not reflecting the realistic amount of support available to the individual and fails to identify supportive behaviours or actions (Hupcey, 1998). In comparison, enacted social support is the support that has been provided or accessed within a specific period of time (Barrera, 1986). This support is more difficult to measure as it requires direct observation of support interactions. It also focuses on the behavioural measurement of support, looking only at specific actions that have been identified as supportive rather than the receiver's perception of how helpful the support is (Barrera, 1986).

These classifications can provide clues into how social support is experienced and understood. They can help identify the kinds of support needs that individuals have and help determine where there may be deficits in support. This thesis used Barrera's (1980) six types of social support to help understand how social support is experienced by homeless and vulnerably-housed women.

Negative support. Social support is almost always defined as positive, with positive outcomes for those receiving support. However, a small body of literature suggests that support can also be negative (Rook, 1984). Negative support is exemplified through behaviours such as criticism, irritation, insensitivity, and blame (Okun & Keith, 1998; Walen & Lachman, 2000). Negative support is also appraised from the receiver's perspective of the interaction. Other terms have been used to describe the same set of behaviours, including social strain, negative interactions, negative social exchanges and conflict (Abbey, Abramis, & Caplan, 1985; Okun &

Keith, 1998; Schuster, Kessler, & Aseltine, 1990; Walen & Lachman, 2000). For the purposes of this research, the term negative support is used to describe these behaviours.

Negative support is often considered a separate construct from social support (Rook, 1984). Some studies report a significant negative correlation between social support and negative support (Edwards, Hershberger, Russell & Markert, 2001; Major, Zubek, Cooper, Cozzarelli, & Richards, 1997; Okun & Keith, 1998; Walen & Lachman, 2000); other studies show no relationship between the two constructs (Lakey, Tardiff, & Drew, 1994; Rook, 1984; Schuster et al., 1990). Furthermore, one study found a positive correlation between social support and negative support, indicating that close relationships had high rates of both (Brenner, Norvell, & Limacher, 1989). These findings make it difficult to determine how social support and negative support interact. However, studies have linked negative support to increased psychological distress, depressive symptoms, negative mood, and reduced mental health and well-being, suggesting an opposite effect to social support (Abbey et al., 1985; Bassuk, Mickelson, Bissell, & Perloff, 2002; Coty & Wallston, 2010; Edwards et al., 2001; Flett, Hewitt, Garshowitz, & Martin, 1997; Lakey et al., 1994; Nyamathi, Wenzel, Keenan, Leake & Gelberg, 1999; Reinhardt, 2001; Rook, 1984; Schuster et al., 1990). More research is needed to determine the connection between negative support and social support.

Social support and gender. Men and women interact differently, influencing how social support is built and perceived (Aries, 1996). When faced with stressful situations, women rely more on social support to cope with stress than men (Defares et al., 1985; Haines et al., 2008; Risser, Cates, Rehman, & Risser, 2010; Turner & Marino, 1994; Vaux, 1985). Women are also more likely to seek out social support for aid, finding emotional support, informational support, advice, and practical assistance to address their needs (Greenglass, Schwarzer, Jakubiec,

Fiksenbaum, & Taubert, 1999). These differences are often attributed to gendered socialization that allows women to be dependent on others and reinforces independence in men (Greenglass, 2002). Research into social relationships needs to account for these gendered experiences of social support.

Social support and health. Despite the various theories of social support, the literature agrees on its link to health and well-being. Many studies have confirmed a negative correlation between social support and stress or mental health (Abbey et al., 1985; Ajrouch, Reisine, Lim, Sohn, & Ismail, 2010; Barrera, 1986; Chong & Lopez, 2005; Gottlieb, 1981; Risser et al., 2010; Thoits, 1985; Turner, Mermelstein, Hitsman, & Warnecke, 2008; Wareham, Fowler, & Pike, 2007). Several hypotheses have offered explanations for how social support influences health and well-being. For example, the stress-buffering hypothesis suggests that social support is a type of coping mechanism that can reduce the amount of stress experienced as well as the physical effects of stress on the individual (Cobb, 1976). Another perspective states that the stability and predictability of a supportive social network directly improves self-worth and well-being (Cohen & Wills, 1985).

Social support has been shown to reduce stress, symptoms of anxiety, mental illness, distress, and improve overall well-being in various populations, including low-income and homeless populations (Durden, Hill & Angel, 2007; Israel, Farquhar, Schulz, James, & Parker, 2002; Tucker, D'Amico, Wenzel, Golinelli, Elliott, & Williamson, 2005; Turner et al., 2008). With the added stresses that homelessness and housing vulnerability create, social support becomes even more important to buffer the challenges of these situations. Studying social support in low-income populations may suggest ways in which social support can help reduce stress and increase well-being in difficult housing situations.

Social Networks

Another way to conceptualize social relationships is through a network approach. Social networks are defined as “interpersonal environments that are constituted by individuals and their social relationships with other people” (Haines et al., 2008, p. 164). A network consists of an individual and the actors they interact with (Doreian & Stokman, 1997). Social networks are described by the characteristics of the connections, such as proximity, frequency of contact and density (Scott, 2000).

Studying social networks provides valuable information about social relationships and may also suggest new information about social support. Theories have also suggested that social support is best understood as an interaction with support networks (Vaux, 1985). Several studies have shown positive correlations between social network size and social support scores (Haines et al., 2008; Schaefer, Coyne, & Lazarus, 1981; Stokes, 1983) and others have suggested links between the type of relationship and perceived social support (Brock, Sarason, Sarason, & Pierce, 1996; Duffy, 1993; McGrath, Brennan, Dolan, & Barnett, 2014). An alternative perspective suggested that social networks could be considered as a part of the context that impacts social support but this has not been explored in the literature. Furthermore, all of these theories have yet to be tested with low-income populations. Exploring social network characteristics may provide additional information about women’s social relationships and how they are connected to housing status.

Social networks and gender. As with social support, gender is an important consideration in understanding social networks. Network size and composition differ by gender, with women reporting larger social networks than men (Belle, 1983; El-Bassell, Cooper, Chen, & Schilling, 1998; Roberts, Wilson, Fedurek, & Dunbar, 2008). Women also appraise their networks

differently, reporting higher satisfaction with larger social networks and more long-term relationships than men (Belle, 1983; Haines et al., 2008). This again points to the necessity of a gendered perspective when examining social networks and social relationships.

The Link Between Social Support and Social Networks

Although separate constructs, there is considerable overlap between social networks and social support in their definitions and measurement. However, social support and social networks each provide unique information about social relationships that sets them apart from each other. Social support offers information about the quality of the relationship and describes the mutual interaction experience. In contrast, social networks provide descriptive information about the relationship, outlining the concrete characteristics of the social network members. One definition of social support proposes that it is a function of social networks (Hupcey, 1998). This suggests that social networks and social support are closely connected yet still separates them into separate constructs. However, measures of social support often merge the two constructs, using social network characteristics to explain social support (Brenner et al., 1989; Tyler, 2008). This not only provides a false representation of social support, but inaccurately measures the construct. Social support and social networks will be kept as separate constructs in this thesis.

Social Relationships and Housing Status

Housing is one type of context that can influence social interactions. A small body of literature has examined how social support influences housing status as well as how housing situations can influence social support. Furthermore, several studies have compared the social relationships of homeless and housed populations, showing key differences between the two groups. The following section will review this literature, proposing avenues for further research into social relationships and housing.

The influence of social relationships on housing status. The literature has suggested that social relationships can positively impact housing in homeless populations (Cheng et al., 2013; Cohen et al., 1997; Karabanow, 2008). Cohen et al. (1997) followed older homeless women for two years and found that perceived social support was a predictor of housing at follow-up. However, this conflicts with Aubry et al.'s (2007) Canadian study that found social support and social network characteristics were not predictors of housing in both men and women. Although there is a limited amount of literature on women's experiences, the youth literature has also suggested that social relationships impact housing status (Cheng et al., 2013; Karabanow, 2008). A qualitative study of homeless youth and street exits found that youth were more likely to exit the street if they perceived support from family or friends (Karabanow, 2008). Youth who had strong personal support systems had fewer difficulties exiting the street (2008). Cheng et al. (2013) found that a stable relationship reduced entry into homelessness and increased the chance of transitioning out of homelessness in Canadian youth. These studies suggest a positive influence of social relationships on housing status in homeless populations; but there is still a need for further research on this trend with women specifically.

The influence of housing on social relationships. The literature has also suggested that housing influences social relationships. A review of the literature examined social relationships in impoverished populations, finding that experiences of poverty had a direct impact on their social support and social networks (Belle, 1983). Belle (1983) argued that individuals in impoverished situations had local network members who also had similar needs, increasing stress on both individuals (Belle, 1983). She suggests that poor individuals are more likely to rely on family networks for crisis support than friends or neighbours because of the compounded need for support and increased stress that can occur. This impact of neighbourhood on available

social support and the added stress of providing social support suggests a complex link between housing and social relationships that may not always be positive.

Other research has examined this trend by looking at changes in housing situations and their impact on social relationships. A study of incarcerated women showed changes in their relationships around this temporary change in housing (Bui & Morash, 2010). Before incarceration, participants spoke of mostly negative and abusive relationships with family members, friends and intimate partners. After incarceration, many women had ended their abusive relationships and developed more positive and supportive relationships with friends and significant others (Bui & Morash, 2010). Although causation cannot be shown, it is likely that these changes were instigated by the temporary change in housing. A review of the literature on low-income women considered the impact of housing relocation on social networks and social support (Kleit, 2010). Kleit (2010) argued that the physical location of an individual's social network will influence the potential loss of social support when relocating. If social networks are located within a specific neighbourhood, there is often a loss of social support when relocating from that neighbourhood. However, she also suggests that specific types of social support (e.g. emotional support, financial support) can be offered regardless of location, contradicting the general findings. This highlights a need for more detailed exploration of how housing impacts social support and social networks.

Comparisons of homeless and housed populations. A more common approach to examining the link between housing and social relationships is a quantitative comparison of homeless and housed populations. By comparing these groups, it suggests that any group differences found could be related to housing. However, these studies are unable to confirm causation and may have missed key variables that could impact the connection between housing

and social relationships. Although these limitations influence the interpretation of these findings, these studies can still provide some insight into housing-related differences in social support and social networks.

In general, homeless women have lower social support than housed women (Anderson & Rayens, 2004; Kennedy, 2007; Toohey, Shinn, & Weitzman, 2004; Votta & Farrell, 2009). This holds true regardless of age and the presence of children. However, the social network literature reports conflicting findings. Goodman (1991) found no difference in homeless and housed mothers' social network composition or size. Another study showed homeless women with children had larger social networks and more recent contact with their networks than housed women with children (Shinn, Knickman, & Weitzman, 1991). Furthermore, a study of homeless and housed youth suggests that homeless individuals had smaller social networks than housed youth (Tavecchio, Thomeer, & Meeus, 1999). These differences may be due to the differing populations that are considered in each study. However, it still brings to light an uncertainty around social network characteristics in homeless populations and suggests a need for research to clarify these differences.

Limitations in the Literature

Several limitations in this body of literature make it difficult to generalize or compare these studies. First, each study reports on a different population of homeless women with varying ages and experiences. Samples of women with children, single women, and female youth are commonly compared, yet their experiences may be different. For example, studies have shown age-related differences in experiences of homelessness as well as social relationships (e.g. Gaetz et al., 2014; Lincoln, Chatters, & Taylor, 2005; Vaux, 1985). These differences in demographics may also change the contexts in which these samples function, influencing how relationships are

built and maintained. These differences limit the way in which these results can be interpreted and generalized to other groups of homeless women.

Secondly, there is an overall lack of literature on vulnerably-housed populations. These hidden individuals are at risk of becoming homeless and have unique experiences that also need to be considered. In the social relationship literature vulnerably-housed groups are rarely discussed. Several studies have considered low-income populations, with more inclusive definitions for recruitment (e.g. Belle, 1983; Kleit, 2010; Sousa, 2005); however, low-income groups also include stably-housed individuals who may have different housing experiences than vulnerably-housed groups. The distinct experiences of housing vulnerability again suggest a unique context which may impact social relationships. Because of this, vulnerably-housed groups merit an independent study.

Thirdly, the varying definitions and measures of social support make it difficult to compare research findings. The majority of studies in low-income groups take a perceived social support perspective; however, each study uses a different measure and focuses on different aspects of social support. For example, some studies use a global social support score and others classify social support experiences into types of behaviours (e.g. Israel et al., 2002; Rose & Johnson, 2009; Surkan, O'Donnell, Berkman, & Peterson, 2009). These measure variations limit the comparability of findings between studies.

Finally, these studies fail to acknowledge the contextual factors that influence the social support and social network literature. Although each study accounts for their specific population, few studies account for how those differences may impact their results. As mentioned previously, small differences in recruitment samples may report different findings because of their unique experiences. Also, there is an assumption that social support measures are applicable

to all populations; however, unique experiences of low-income populations may be overlooked by using generic measures of social support. Failing to take the contextual factors into consideration may overlook key differences in unique population experiences of social relationships.

The Current Study

The present dissertation examined the social networks and social support of homeless and vulnerably-housed women, using a mixed methods approach. The research objectives were to answer the following questions:

- 1) What is the composition, function, and role of social networks and social support in homeless and vulnerably-housed women?
- 2) How do homeless and vulnerably-housed women describe and define social support?

To address these questions, two studies were developed. Study One examined quantitative measures of social networks and social support, and their applicability to homeless and vulnerably-housed women. Study Two used a qualitative approach to studying social networks and social support, categorizing the voiced experiences of homeless and vulnerably-housed women. Both studies aimed to provide a comprehensive understanding of homeless and vulnerably-housed women's social relationships and how social support is experienced through these relationships.

Mixed Methods Design

Qualitative and quantitative methods have been used in combination to better understand social relationships (e.g. Edwards & Lopez, 2006; Scott et al., 2007). Mixed methods approaches employ the strengths of both methods to provide a more comprehensive view of a construct. This

study used a convergence model mixed methods approach (Creswell & Plano Clark, 2007). Both quantitative and qualitative methods were analyzed separately, then compared and contrasted. This research method allows for the equal consideration of qualitative and quantitative findings during data interpretation, without emphasizing one of the approaches (2007).

CHAPTER 2:

STUDY ONE

Study One

There are known gender differences in homelessness experiences as well as social interactions. As a minority in the homeless population, homeless women are often hidden from mainstream services, preferring to use alternative means of addressing their housing problems (Klodawsky, 2006). Homelessness experiences also intersect with social relationships. Social relationships can impact housing changes and contribute to both entering and exiting homelessness (Cheng et al., 2013; Cohen et al., 1997; Tessler et al., 2001; Karabanow, 2008). In addition, housing changes can influence changes in social relationships (Bui & Morash, 2010; Nelson et al., 1992). Knowing how social networks and social support are experienced within homelessness and housing vulnerability provides insight into the connection between these constructs.

Study One examined social support and social networks using a quantitative approach. This methodology provided a numerical description of social support characteristics that highlighted group differences. It not only suggested areas of need but also highlighted further avenues for social support exploration.

Homeless and Vulnerably-Housed Women's Social Support

The literature suggests that social support and social networks are related to women's housing experiences. One study reported that a lack of instrumental support and interpersonal conflict were within the top three reasons women gave for becoming homeless (Tessler et al., 2001). Social support has also been found to increase the chance of exiting homelessness in women and youth (Cheng et al., 2013; Cohen et al., 1997; Karabanow, 2008). Changes in housing have been known to impact available social support and influence changes in social networks (Bui & Morash, 2010; Kleit, 2010).

However, there is a lack of research on vulnerably-housed populations. Vulnerably-housed individuals are currently in housing but are at risk for losing their housing due to unaffordability, overcrowding, or unsafe conditions. The above studies compared homeless women to stably-housed individuals, examining two different populations. Homeless and vulnerably-housed groups have been suggested to be overlapping populations with similar experiences and challenges (Hwang et al., 2011). However, understanding how vulnerably-housed women experience social support and social networks specifically provides further insight into how housing differences can impact these constructs.

Furthermore, these studies have used qualitative approaches to understanding social support and housing, but have yet to test this connection quantitatively. Quantitative studies that examine social support and social networks have compared homeless and housed women, and they report conflicting findings. The social support literature suggests that homeless women have lower social support than housed women (Anderson & Rayens, 2004; Kennedy, 2007; Toohey et al., 2004; Votta & Farrell, 2009). However, the social network literature is less clear; some studies suggest that homeless women have larger social networks than housed women and others suggest that they have smaller social networks (Shinn et al., 1991; Tavecchio et al., 1999). A third study found no difference in homeless and housed mothers' social network composition or size (Goodman, 1991). Although these studies consider slightly different populations, the uncertainty in these findings suggest a need for clarification.

Interestingly, social support has been consistently linked to health and well-being in low-income populations (Durden et al. 2007; Israel et al., 2002; Tucker et al., 2005; Turner et al., 2008). Perceived social support is correlated with improvements in mental health, reduced stress and better well-being (Abbey et al., 1985; Ajrouch, Reisine, Lim, Sohn & Ismail, 2010; Barrera,

1986; Chong & Lopez, 2005; Gottlieb, 1981; Risser et al., 2010; Thoits, 1985; Turner et al., 2008; Wareham et al., 2007). Because homeless and vulnerably-housed women are experiencing stressful housing situations, perceived social support becomes even more important to buffer this stress and improve well-being.

The Link Between Social Networks and Social Support

Although separate constructs, social support and social networks overlap in their definitions and measurement. Social networks are the group of individuals that a person regularly interacts with and are often measured by their descriptive characteristics, such as size, density, and proximity. In contrast, social support offers information about the quality of the relationship and the supportive behaviours that are exchanged between two individuals. However, measures of social support often merge the two constructs, using social network characteristics to explain social support (Brenner et al., 1989; Tyler, 2008).

For example, social support networks are measured in many studies (Barrera, 1980; Oritt, Paul, & Behrman, 1985; Sarason, Levine, Basham, & Sarason, 1983). Social support networks are the social networks of individuals who are perceived to provide support. This type of network is separate from social support as it only measures the number of people who offer support and not the quality or quantity of support from those relationships. However, it is also a distinct social network as it focuses solely on network members that provide support. Social support networks can provide important information about the perceived availability of social support; however, they should be considered separately from social support and other social networks.

Although there are distinct differences between social networks and social support, social network characteristics may provide information that can help understand social support. Stokes (1983) found a positive linear relationship between social network size and social support

satisfaction. However, he also cautions that interpreting social network characteristic as social support may be problematic. For example, a larger social network may infer more opportunities for social support but may also increase demands on the individual and increase the potential for negative support (Stokes, 1983). Toohey et al.'s (2004) results also contracted the assumed correlation between social networks and social support. They found that when comparing homeless and housed women, there were no differences in network size but there were group differences in the quality and amount of support provided by the networks (2004). These group differences would not have surfaced had they relied solely on social network characteristics to understand social support. Further research is needed to clarify the link between social networks and social support in homeless and low-income populations.

Measuring Social Support

There are many social support measures that use differing perspectives of the construct. Most commonly, studies collect self-reports of perceived social support through the use of Likert scales to identify level of agreement (e.g. Child and Adolescent Social Support Scale, Inventory of Socially Supportive Behaviours, Multidimensional Scale of Perceived Social Support). These measures have been adapted to specific definitions and theories of support, allowing researchers to find a scale that suits their approach (Malecki & Demaray, 2002; Zimet, Dahlem, Zimet, & Farley, 1988). However, this also makes results from these scales difficult to compare as they all vary in what they measure.

Many of these measures have been used with low-income populations (e.g. Durden et al., 2007; Israel et al., 2002; Kennedy, 2007). However, these studies have not tested the applicability of these measures to low-income contexts. In one study, the author noted modifications to the social support measure used in order to make the items relevant for the

specific sample; an item referring to attending concerts or movies was deleted because the population did not have disposable income to attend these events and asking this question would have inaccurately reflected a lack of support (Kennedy, 2007). Other studies have reported that social support measures were modified but did not report the details as to why or what modifications were completed (Israel et al., 2002; Nyamathi, Keenan, & Bayley, 1998). These modifications suggest that measuring social support may require a consideration of the population and their specific context. Further research is needed to clarify the relevance of current social support measures to low-income populations.

Measuring Social Networks

Social networks are commonly measured by their characteristics. All social network measures produce similar data, describing the size, type of relationship, proximity, and density of the network. Name-identifier measures are used to analyze social networks (e.g. Hierarchical Mapping Technique, Social Network Inventory). Participants are asked to identify the individuals in their networks, with follow-up questions about the characteristics of those relationships. The majority of studies on low-income populations use this technique to measure social networks (Bassuk et al., 2002; Durden et al., 2007; Goodman, 1991; Johnson, Whitbeck, & Hoyt, 2005; Tyler, 2008).

Gaps in the Literature

Several gaps in the literature suggest a need for further research into social support and social networks in homeless and vulnerably-housed women. First, the current literature suggests that social support and housing situations are connected. In particular, differences between housed and homeless women's social support and social network characteristics imply that housing is a contributing influence (Anderson & Rayens, 2004; Kennedy, 2007; Shinn et al.,

1991; Tavecchio et al., 1999; Toohey et al., 2004; Votta & Farrell, 2009). However, these studies have failed to compare homeless and vulnerably-housed women, who show more similarities in their situations than stably-housed individuals (Hwang et al., 2011). Understanding the differences between homeless and vulnerably-housed women's social relationships would provide further evidence for the connection between housing and social support.

Social support and social networks are closely linked in the literature. The overlapping of these concepts through definitions and measures have confused their distinctions and have many studies using the terms synonymously (Brenner et al., 1989; Tyler, 2008). Furthermore, the unique contexts of homeless populations may influence how social network characteristics influence social support. Understanding how these separate constructs relate may provide valuable insight into how social relationships are experienced by homeless and vulnerably-housed women.

The Current Study

Study One addressed these gaps in the literature by testing established quantitative measures of social support and social networks with homeless and vulnerably-housed women. It answered the following questions:

- 1) What is the composition and size of social networks of homeless and vulnerably-housed women?
 - a. Do homeless and vulnerably-housed women differ on their social network composition and characteristics?
- 2) What kinds of social support do homeless and vulnerably-housed women receive from their networks?

- a. Do homeless and vulnerably-housed women differ in their social support networks?
 - b. Do homeless and vulnerably-housed women have different needs and satisfaction with their support
- 3) Do social network characteristics predict social support in homeless and vulnerably-housed women?

Methods

Participants. Participants were recruited through women's emergency shelters, supportive housing, and drop-in centers (Cornerstone Housing for Women, The Well, Shepherds of Good Hope, St. Joe's Women's Centre, Youth Services Bureau, and Operation Come Home). (See Table 1 for the number of participants recruited at each location and Appendix A for descriptions of each location). Each location was chosen because it provided services to homeless and/or vulnerably-housed women in Ottawa. Convenience sampling methods were used to recruit participants due to the challenges in identifying homeless and vulnerably-housed women in the community. Participants were interviewed at each location until there were no longer any interested individuals who met the criteria or until the projected sample size was reached. Homelessness was operationally defined as anyone who is currently staying in an emergency shelter, sleeping outside, or couch surfing (staying with a family member/friend for less than 1 month) for at least 7 days (Hwang, 2011). Vulnerably-housed individuals were included if they have moved at least twice in the past 12 months or experienced an episode of homelessness in the past 12 months (Holton, Gogosis, & Hwang, 2010). Vulnerably-housed participants lived in either supportive housing ($n = 14$) or independent housing ($n = 20$). Supportive housing is housing with on-site supportive services for residents that is managed by an organization. In

comparison, independent housing is housing that is rented or owned independently by an individual without any specialized services. Participants also had to be at least 18 years of age so they could provide consent to participate. A total of 93 participants participated in one-on-one English interviews (49 homeless and 44 vulnerably-housed). Participants ranged from 18 to 67 years of age.

Measures.

Social Network Measures. The Hierarchical Mapping Technique (HMT) is a name-identifier measure that employs a simplified diagram to facilitate the interview (Antonucci, 1986). Participants were shown three concentric circles and asked to name and place members of their social network on the circles relative to how close they are with them. Closest network members were placed in the smallest circle (circle 1), extending out to less close members in the outer circles. Participants could discuss up to 22 network members (this limit was set to keep interviews to approximately one hour).

The total number of network members was calculated for each participant. The number of network members in each circle of the map was also totalled, giving a total number of network members for each level of closeness (circle 1 = innermost circle and closest network, circle 2 = middle circle, circle 3 = outer circle) (Several follow-up questions were asked about each network member named: their relationship to participant, network members who are currently homeless, frequency of face-to-face contact, frequency of overall contact, length of time known to participant, and proximity to participant. Type of relationship was categorized into 11 types based on participant responses: Parents, Siblings, Children, Significant Others, Other Family (includes cousins, aunts, uncles, grandparents), Friends, Pets, Roommates/ Landlords, Professional Supports (e.g. doctors, nurses, counsellors, case managers, staff members, etc),

Table 1: Study One Recruitment Locations

Location (Organization)	Total	Homeless	Vulnerably-Housed
Emergency Shelter			
Evelyn Horne Young Women`s Shelter (Youth Services Bureau)	8	7	1
Hope Outreach (Shepherds of Good Hope)	20	16	4
Women`s Shelter (Cornerstone Housing for Women)	17	17	0
Supportive Housing			
314 Booth St. Supportive Housing (Cornerstone Housing for Women)	4	0	4
515 MacLaren St. Supportive Housing (Cornerstone Housing for Women)	5	0	5
Brigid`s Place (Shepherds of Good Hope)	11	1	10
Drop-In Center			
Cactus Youth Drop-In and Resource Centre (Operation Come Home)	9	1	8
St. Joe`s Women`s Centre	4	2	2
The Well	14	5	9
Other	1	0	1
Total Participants	93	49	44

and Other (e.g. neighbours, family member`s significant other, ex-significant others, God). Sums of each type of relationship were calculated for each participant. The proportion of homeless network members was calculated by the total number of network members who are homeless divided by the total network size for each participant.

Frequency of face-to-face contact and frequency of overall contact were categorized into a 1 to 5 response scale: 1) daily contact, 2) several times a week, 3) several times a month, 4) several times a year, and 5) less than once per year. Both variables were averaged for a mean frequency of contact across all network members for each participant. Length of time known to the participant was reported in months. For participants who answered “lifetime”, their age in months was recorded. This variable was again averaged for each participant. Proximity was categorized based on participant responses: 1) live at same location, 2) lives in Ottawa, 3) lives within 1 hour distance, 4) lives within Ontario or Quebec, 5) lives within Canada, and 6) lives outside Canada. The average response was then calculated for each participant.

This measure has been tested on a variety of populations, including women and low-income groups (Ajrouch, Blandon, & Antonucci, 2005; Coffman, Levitt, Deets, & Quigley, 1991; Goodman, 1991; Jopp & Smith, 2006; Harlow & Cantor, 1994; Harlow & Cantor, 1995; Levitt, Weber, & Guacci, 1993). Follow-up questions were unique to each study. Because this measure has been uniquely adapted to fit each study, reliability and validity measures were not available, however, all studies spoke of the frequent and successful use of this measure with varying populations (Ajrouch et al., 2005; Harlow & Cantor, 1994; Antonucci, Lansford, & Akiyama, 2001).

Social Support Network. The Arizona Social Support Interview Schedule (ASSIS) was chosen because of its frequent use with homeless populations (Calzyn, Morse, Klinkenberg, Trusty, & Allen, 1998; Goodman, 1991; Passero, Zax & Zozus, 1991). The ASSIS is a combined social support and social network measure (Barrera, 1980). It uses the name-identifier approach to enquire about perceived support network size, recent support network size, support satisfaction, support need, and conflicted network. Participants named individuals in their

networks who provided support in six domains: Intimate interactions, material aid, advice, positive feedback, physical assistance, and social participation (Barrera, 1980). A sum of supportive network members was calculated for each type of support along with an overall total support network score. Participants were also asked which network members provided support in the last 30 days, how satisfied they are with the support they received, negative interactions, and perceived level of support need for each of the six domains (Barrera, 1980). Recent support networks were totalled for each type of support and summed for total recent support network size. Need for support and satisfaction with support were averaged over the six types of support, providing an overall mean for each participant.

Reliability tests offer varied results on this measure. Test-retest correlation of social network size was .88 and negative interactions network was .54. Satisfaction scales showed a Cronbach's Alpha of .69, (Barrera, 1980).

Global Social Support. The Multidimensional Scale of Perceived Social Support was chosen for its frequent use with gender comparisons and female samples (Dutt & Webber, 2010; Eshbaugh, 2010; Risser et al., 2010; Zimet et al., 1988). The scale was developed to measure perceived adequacy of social support from friends, family members, and significant others. Twelve questions were asked, measured on a 7-point Likert scale ranging from strongly disagree (1) to strongly agree (7). A higher response indicated higher levels of perceived social support (Zimet et al., 1988). Responses were then grouped into family, friends, and significant others (pre-assigned) and totalled for each category. A sum of all question responses was calculated for a global social support score. Reliability indicators show good internal consistency, with a Cronbach's Alpha of .88 for the entire scale. Retest reliability was also satisfactory, with

Cronbach's Alpha from .84 to .92 (Zimet et al, 1988; Zimet, Powell, Farley, Werkmen, & Berkoff, 1990).

Demographics. Participants were asked their age, race/ethnicity, location of birth, education, employment status, number of children, marital status, time spent homeless or vulnerably-housed, number of homeless episodes, location of birth, health problems, and mental health problems. Race/ethnicity and location of birth were recorded verbatim and recoded into categories during analysis. Race/ethnicity was coded as five categories: Aboriginal, Caucasian, Black, Latin American, and Mixed. Location of birth was categorized as those born in Canada and those born in other countries. Participants were asked what level of education they had completed, coded into four categories: elementary school (i.e. grades 1-8), some high school (i.e. grades 9-12 but did not have a diploma), completed high school, and post-secondary training (i.e. any college, technical school, or university). Employment status was recoded into a dichotomous variable of employed and not employed. Participants were also asked if they had children and if so, did they live with them. Marital status was categorized into single, married or common law, divorced, and widowed.

Participants were asked the number of months they had been experiencing their current housing situation. They also reported the number of homeless episodes they had experienced in their lifetime. Finally, participants were asked if they had mental health problems or physical health problems. These were coded as dichotomous yes or no responses.

Procedure. Participants were recruited with the help of staff at each of the recruitment locations. Staff were briefed on the study and were involved in introducing potential participants to the researcher. The researcher then confirmed eligibility and completed consent procedures before beginning the interviews. All interviews were completed with the researcher in quiet

spaces provided by the recruitment locations. Participants responded to all three measures during one-on-one interviews, beginning with the HMT and followed by the ASSIS and MSPSS (Refer to Appendix B for the Study One interview guide). The interview concluded with demographic questions. Participants averaged 28 minutes to complete the interview.

Analysis. Cronbach's Alpha was calculated on all Likert scale measures to assess internal consistency. Missing data was calculated at less than 5% of all data collected and therefore, any missing values were deleted pairwise in all calculations. Demographic variables were looked at separately for each housing type as well as overall. Age, time in current housing situation, and number of homeless episodes were averaged using mean calculations. Race/ethnicity, location of birth, education, currently employed, children, and marital status were reported as percentages. Homeless and vulnerably-housed groups were then compared on these demographics using chi-squared analyses. Group differences in age, time in current housing situation, and number of homeless episodes were calculated using independent samples t-test comparisons.

Network characteristics (total network size, percentage of homeless in network, types of relationships, closeness, average proximity to network, average face-to-face contact, average contact, average length of time known) and social support network characteristics (types of relationships, age of network, percentage of males, total support network size, total recent support, types of support, need for support, satisfaction with support) were averaged for both homeless and vulnerably-housed groups as well as overall. Group differences of each of the variables were analyzed using t-test comparisons. To compare the results of the HMT and ASSIS measures, paired samples t-tests were conducted, comparing network size and types of relationships.

Social support scores from the MSPSS were averaged for each subscale (significant other support, family support, friend support) and totalled for a global social support score. Group differences were again tested using t-test comparisons.

Because of the many t-tests used in these analyses, a bonferroni correction was considered to correct for Type 1 error. However, this correction would reduce the alpha level to .002 and increase the chance of Type II error. Because this is an exploratory study, the alpha level was kept at .05 and a correction was not used (Armstrong, 2014).

Two multiple linear regressions were completed to test the predictive ability of social network characteristics and demographic variables on social support scores. The first regression tested housing status, age, race/ethnicity, marital status, education, children, homeless episodes, physical and mental health problems on their relationship to global social support. Race/ethnicity was recoded into four categories and then dummy coded with Caucasian as the reference category: 1) Aboriginal, 2) Black, and 3) other. Education was recoded for dummy coding purposes into 1) completed high school, and 2) postsecondary school with the reference category of not completed high school. Marital status was recoded into 1) single, 2) married, and 3) divorced or widowed and then dummy coded with single as the reference category. Housing type was entered first as a control. All other variables were entered together in a second step.

The second regression tested the predictability of social network and social support characteristics (average length of time knowing network, average face-to-face contact, average overall contact, average proximity, total social network, total social support network, average satisfaction with support, and average need for support) for global social support scores. Average face-to-face contact and average overall contact were recoded for dummy coding into 1) daily contact, 2) monthly contact, and 3) yearly contact. Proximity was dummy coded into 1) lives in

Ottawa, 2) lives nearby (within 1 hour), and lives elsewhere. Again, housing type was entered as the initial step, followed by all other variables in the second step. All analyses were evaluated with a p value of .05. Power was calculated for both regression analyses using G*Power statistical software (Faul, Erdfelder, Lang, & Buchner, 2007).

Results

Internal Consistency

The ASSIS and MSPSS were tested for internal consistency (refer to Appendix C for Inter-Item Correlation Matrices) (refer to Table 2 for Cronbach's Alpha scores). With the ASSIS, two sets of questions were analyzed for internal consistency: level of satisfaction with support, and level of need for support. Questions pertaining to the level of satisfaction with support showed a poor Cronbach's Alpha at 0.52. However, previous studies have reported a moderate alpha for this scale (Barrera, 1980) and this measure was therefore included in the analysis. The level of need for support showed a higher Cronbach's Alpha of 0.71 and the removal of individual items would not significantly improve this calculation. All items were included in the final analysis.

The MSPSS had a high Cronbach's Alpha of 0.87 for this study. Individual correlations showed that Cronbach's Alpha would be lower if any single item was deleted from the scale, supporting the use of all items in the analysis. The high internal consistency also supported the use of the global support score calculated from this measure.

Table 2: Internal Consistency of ASSIS and MSPSS

Scale	Number of Items	α
ASSIS Satisfaction with Support	6	.52
ASSIS Need for Support	6	.71
MSPSS	12	.87

Demographics

Demographics are presented in Table 3. Participant ethnicities were approximately half Caucasian (56%) with 92% born in Canada. Many participants had not completed high school (46%) while 31% had some postsecondary education. Two-thirds of participants were single (65%). Fifty-eight percent of the sample has children but only 4% lived with their children. Both homeless and vulnerably-housed participants had experienced approximately 4 episodes of homelessness in their lifetime (range: 0 to 60) and on average had been in their current housing situation for 11 months. Approximately half of the population reported physical health problems (59%) and mental health problems (56%).

When comparing demographic characteristics by housing type, very few differences were found. Homeless and vulnerably-housed participants differed only on their rates of physical health problems, with the vulnerably-housed group having higher rates of physical health problems than the homeless group [$\chi^2(1, N = 93) = 6.43, p = .01$]. However, this difference is likely contributed to sampling methods as several of the housing locations focused their service delivery on support to women with complex health needs. All other demographics did not differ by housing type.

Table 3: Study One Demographics

Variable	Total (N = 93)	Homeless (n = 49)	Vulnerably- Housed (n = 44)	χ^2 (a = t score)	p
Age (<i>SD</i>)	38 (13.5)	37 (13.3)	40 (13.8)	- 0.91 ^a	.365
Race/Ethnicity (%)				8.34	.214
Aboriginal	16	21	10		
White	56	50	63		
Black	3	6	0		
Latin American	3	0	5		
Mix	23	23	23		
Location of Birth (%)				2.13	.345
Canada	92	90	95		
Other	8	10	5		
Highest Level of Education (%)				1.65	.647
Elementary School	14	19	9		
Some High School	46	44	49		
Completed High School	9	8	9		
Postsecondary	31	29	33		
Currently Employed (% Yes)	12	10	14	0.31	.580
Children (% Yes)	58	53	63	0.89	.346

Variable	Total (N = 93)	Homeless (n = 49)	Vulnerably- Housed (n = 44)	χ^2 (a = t score)	<i>p</i>
Marital Status (%)				0.82	.936
Single	65	65	66		
Married/Common Law	12	15	9		
Divorced	19	17	21		
Widowed	4	4	5		
Total Months in Current Housing (<i>SD</i>)	11.2 (17.7)	12.0 (22.3)	10.2 (10.2)	0.52 ^a	.602
Number of Homeless Episodes (<i>SD</i>)	3.7 (7.1)	4.0 (9.1)	3.4 (4.0)	0.39 ^a	.695
Physical Health Problems (% Yes)	59	46	72	6.43*	.011*
Mental Health Problems (% Yes)	56	52	61	0.65	.421

* $p < .05$

Social Network Characteristics

The HMT measure asked participants to describe their social network characteristics (refer to Table 4 for social network characteristics). Overall participants reported an average network size of 6.8 people. When divided by closeness, participants had an average of 3.4 people in the first circle that were closest to them, 2 people in the second circle, and 1.5 people in the third circle. Participants reported an average of 3.8 family members and 2.0 friends in their networks. Professional support accounted for 0.8 individuals in the network and participants reported 0.2 individuals from other kinds of relationships (e.g. landlords, roommates, pets, others). They identified 15% of their networks as being homeless individuals. When asked about proximity,

the majority of participants reported networks that lived within Ottawa and were in contact with their network on average several times a week. Participants had known their network for an average of 18.7 years.

When comparing vulnerably-housed and homeless individuals on their social networks, several differences emerged. Overall, vulnerably-housed and homeless women did not differ on their social network size. However, the percentage of homeless individuals in networks was significantly different, with vulnerably-housed women reporting a lower percentage of homeless network members compared to the homeless sample [$t(86) = 2.91, p = .005, 95\%CI (0.19, 1.03), d = 0.61$]. When comparing specific relationships, other family members showed significance, with vulnerably-housed women reporting fewer other family members in their networks [$t(90) = 1.96, p = .045, 95\%CI (0.01, 0.85), d = 0.43$]. There were no differences in proximity to network, amount of contact, or length of time knowing network members by housing type. When comparing closeness by housing type, the number of closest (circle 1) network members was approaching significant, with vulnerably-housed women again reporting fewer close network members than homeless women [$t(90) = 1.81, p = .074, 95\%CI(-0.04, 0.80), d = 0.38$].

Social Support Network

The ASSIS measured social support networks and the number of network members who were perceived to provide support. Support networks had a mean age of 41 and 32% were male. Participants reported an average of 1.4 family members, 2.0 friends, and 1.5 professionals in their social support networks. Eight t-test comparisons of homeless and vulnerably-housed groups showed that vulnerably-housed women reported significantly fewer friends than homeless women in their support networks [$t(85) = 2.00, p = .049, 95\%CI(0.00, 0.83), d = 0.41$]. No other group differences were found, indicating that vulnerably-housed women and homeless women

report comparable numbers of family members, professionals, and males in their networks (refer to Table 5).

Overall, participants reported 8.6 individuals in their social support network with participants accessing support from 6.9 network members in the last 30 days (Refer to Table 6). The number of network members that provided each type of support varied from 0.9 to 1.8. Participants reported a moderate need for support ($M = 3.0$ out of possible 5). They also reported they were satisfied with their support network ($M = 6.2$ out of possible 7). (Refer to Appendix D for satisfaction and need for support by support type.)

Vulnerably-housed and homeless participants were also compared on their social support networks. Vulnerably-housed women had significantly smaller social support networks [$t(90) = 2.10, p = .039, 95\%CI(0.02, 0.85), d = 0.44$] and had accessed fewer support network members in the last 30 days [$t(90) = 2.35, p = .021, 95\%CI(0.07, 0.90), d = 0.49$] than homeless women. When comparing types of support, vulnerably-housed women showed smaller support networks for positive feedback [$t(85) = 2.60, p = .011, 95\%CI(0.11, 0.94), d = 0.53$] and social participation [$t(85) = 2.64, p = .010, 95\%CI(0.12, 0.95), d = 0.54$] than homeless women. Intimate interactions, material aid, advice, physical assistance and negative interactions did not differ by housing type. However, when asked about their need for support, vulnerably-housed women reported a significantly lower need for support than homeless women [$t(90)=2.03, p = .045, 95\%CI(0.01,0.83), d = 0.42$]. There was no difference in satisfaction with support by housing type.

Table 4: Social Network Characteristics

Variable	Total N = 93	Homeless n = 49	Vulnerably- Housed n = 44	<i>t</i>	<i>p</i> value	95% CI	<i>d</i>
Total Network Size (<i>SD</i>)	6.8 (4.4)	7.2 (4.1)	6.2 (4.7)	0.86	.390	(-0.23, 0.59)	0.18
Percentage of Homeless in Network (<i>SD</i>)	15 (0.2)	22 (0.3)	8 (0.2)	2.91*	.005*	(0.19, 1.03)	0.61
Types of relationships (<i>SD</i>)							
Parents	0.8 (0.9)	0.9 (0.8)	0.7 (0.9)	0.66	.513	(-0.28, 0.55)	0.14
Siblings	1.1 (1.4)	1.2 (1.6)	0.9 (1.3)	0.77	.441	(-0.25, 0.57)	0.17
Children	0.7 (1.0)	0.7 (1.2)	0.6 (0.7)	0.70	.487	(-0.27, 0.55)	0.14
Significant Others	0.5 (0.6)	0.5 (0.6)	0.5 (0.6)	0.47	.647	(-0.31, 0.51)	0.10
Other Family	0.7 (1.2)	0.9 (1.4)	0.4 (0.8)	1.96*	.045*	(0.01, 0.85)	0.43
Friends	2.0 (2.2)	2.2 (2.3)	1.8 (1.9)	0.88	.382	(-0.23, 0.60)	0.19
Pets	0.1 (0.3)	0.1 (0.2)	0.1 (0.3)	-0.17	.869	(0.00, 0.23)	-0.02
Roommate/ Landlord	0.1 (0.3)	0.1 (0.2)	0.1 (0.3)	-0.19	.847	(0.00, 0.27)	-0.04
Professional Support	0.8 (1.6)	0.6 (1.3)	1.0 (1.8)	-1.04	.299	(0.00, 0.62)	-0.22
Other	0.3 (0.7)	0.4 (0.8)	0.3 (0.6)	0.24	.809	(-0.36, 0.46)	0.05
Closeness (<i>SD</i>)							
Circle 1	3.4 (2.6)	3.8 (2.8)	2.7 (2.3)	1.81	.074	(-0.04, 0.80)	0.38
Circle 2	2.0 (1.8)	1.9 (1.7)	1.8 (1.8)	0.30	.762	(-0.35, 0.48)	0.06
Circle 3	1.5 (1.6)	1.3 (1.4)	1.7 (1.8)	-1.50	.136	(0.00, 0.72)	-0.32

Variable	Total N = 93	Homeless n = 49	Vulnerably- Housed n = 44	<i>t</i>	<i>p</i> value	95% CI	<i>d</i>
Average Proximity to Network (SD)	2.2 Lives in Ottawa (0.9)	2.2 Lives in Ottawa (1.0)	2.1 Lives in Ottawa (0.8)	0.72	.473	(-0.32, 0.51)	0.09
Average face-to-face contact (SD)	2.4 Several times a week (1.2)	2.5 Several times a week (1.3)	2.3 Several times a week (1.0)	1.56	.123	(-0.18, 0.66)	0.24
Average Contact (SD)	2.0 Several times a week (1.1)	2.1 Several times a week (1.1)	2.0 Several times a week (1.0)	0.63	.528	(-0.35, 0.47)	0.05
Average length of time known to participant in years (SD)	18.7 (13.9)	18.9 (14.0)	18.5 (13.8)	0.14	.889	(-0.39, 0.44)	0.03

* $p < .05$

Table 5: Social Support Network Demographics

Variable		Total (N =93)	Homeless (n = 49)	Vulnerably- housed (n = 44)	<i>t</i>	<i>p</i>	95% CI	<i>d</i>
	Family Members	1.4 (1.3)	1.6 (1.4)	1.3 (1.2)	1.23	.221	(-0.15, 0.66)	0.26
Type of	Friends	2.0 (1.5)	2.3 (1.6)	1.7 (1.2)	2.00*	.049*	(0.00, 0.83)	0.41
Relationship	Professionals	1.5 (1.4)	1.5 (1.4)	1.6 (1.4)	-0.58	.564	(0.00, 0.51)	-0.12
(SD)	Significant Others	0.3 (0.5)	0.3 (0.5)	0.3 (0.5)	-0.15	.885	(0.00, 0.20)	-0.03
	Self	0.2 (0.4)	0.1 (0.3)	0.3 (0.4)	-1.87	.066	(0.00, 0.79)	-0.39
	Other	0.2 (0.5)	0.2 (0.5)	0.1 (0.4)	0.91	.364	(-0.22, 0.60)	0.19
Age of Network (M) (SD)		41 (11.7)	30 (11.9)	43 (11.6)	-1.63	.106	(0.00, 0.75)	-0.34
Males in Network (%) (SD)		32 (0.2)	28 (0.2)	36 (0.2)	-1.75	.084	(0.00 0.78)	-0.37

* $p < .05$

Table 6: Social Support Networks

Variable	Total (N = 93)	Homeless (n = 49)	Vulnerably- Housed (n = 44)	<i>t</i>	<i>p</i>	95% CI	<i>d</i>
Total Support Network Size	8.6 (3.8)	9.4 (4.0)	7.8 (3.4)	2.10*	.039*	(0.02, 0.85)	0.44
Total Support Network Accessed in last 30 days	6.9 (3.4)	7.6 (3.8)	6.1 (2.6)	2.35*	.021*	(0.07, 0.90)	0.49
Total Intimate Interactions Support Network	1.6 (1.2)	1.6 (0.9)	1.5 (1.4)	0.39	.696	(-0.33, 0.49)	0.08
Total Material Aid Support Network	0.9 (0.8)	1.0 (0.8)	0.9 (0.8)	0.58	.567	(-0.29, 0.53)	0.12
Total Advice Support Network	1.7 (1.1)	1.6 (1.2)	1.7 (1.1)	-0.11	.912	(0.00, 0.15)	-0.02
Total Positive feedback Support Network	1.6 (1.4)	1.9 (1.6)	1.2 (1.1)	2.60*	.011*	(0.11, 0.94)	0.53
Total Physical Assistance Support Network	1.1 (0.9)	1.1 (0.9)	1.1 (0.9)	-0.16	.871	(0.00, 0.22)	-0.03
Total Social Participation Support Network	1.8 (1.4)	2.2 (1.6)	1.5 (1.0)	2.64*	.010*	(0.12, 0.95)	0.54
Total Negative Interactions Network	1.5 (1.5)	1.6 (1.6)	1.3 (1.5)	1.07	.287	(-0.17, 0.63)	0.22
Average Need for Support (1-5)	3.0 Moderate Need (1.1)	3.2 Moderate Need (1.0)	2.7 Slight Need (1.1)	2.03*	.045*	(0.01, 0.83)	0.42
Average Satisfaction with Support (1-7)	6.2 Satisfied (0.7)	6.2 Satisfied (0.6)	6.2 Satisfied (0.7)	0.5	.618	(-0.30, 0.51)	0.10

* $p < .05$

On the MSPSS scale of perceived support, participants reported an average global social support score of 57 (out of a possible 84). MSPSS subscale and total scores did not differ by housing type. Refer to Table 7 for breakdown of MSPSS scores.

Comparison of Measures

Both HMT and ASSIS measures collected data on the types of relationships that participants reported as well as network size. Paired samples t-tests were conducted to examine differences in these measures. A significant difference in size of network was found, with participants reporting larger social support networks in the ASSIS than social networks in the HMT measure. The ASSIS measured supportive network members only, while the HMT asked about their overall social networks. The larger size of social support networks suggests that participants did not classify some supportive network members as members of their overall social networks. When considering types of relationships, three of the four variables were significant. Participants reported more family members and significant others in the HMT measure than the ASSIS measure. However, they reported more professionals in the ASSIS measure than the HMT (Refer to Table 8).

Table 7: MSPSS Subscales and Global Social Support

Subscale	Total N = 93	Homeless n = 49	Vulnerably- Housed n = 44	<i>t</i>	<i>p</i> value	95%CI	<i>d</i>
Significant Other Support	23 (5.49)	23 (5.3)	23 (5.7)	0.41	.686	(0.09, -0.33)	0.06
Family Support	14 (8.63)	15 (8.8)	13 (8.4)	1.18	.241	(-0.17, 0.66)	0.21
Friend Support	20 (6.95)	21 (5.8)	19 (7.9)	1.68	.097	(-0.06, 0.77)	0.36
Global Social Support	57 (15.47)	59 (14.5)	55 (16.4)	1.23	.223	(-0.16, 0.68)	0.26

* $p < .05$

Table 8: Comparison of HMT Social Network and ASSIS Social Support Network Characteristics

Variable	HMT: Social Network	ASSIS: Social Support Network	<i>t</i>	<i>p</i> value	95% CI	<i>d</i>
Network Size	6.8 (4.4)	8.8 (3.8)	-3.98*	< .001*	(0.30, 0.89)	- 0.59
Type of Relationship						
Family	3.3 (1.96)	1.4 (1.3)	2.05*	.044*	(0.08, 0.60)	0.30
Friends	2.0 (2.15)	2.0 (1.4)	-0.28	.779	(0.00, 0.27)	- 0.04
Professionals	0.8 (1.6)	1.5 (1.4)	-4.42*	< .001*	(0.36, 0.96)	- 0.66
Significant Others	0.5 (0.58)	0.3 (0.5)	2.69*	.009*	(0.10, 0.69)	0.40

* $p < .05$

Predicting Global Social Support

Two linear multiple regressions were conducted to test variable correlations with global social support. All analyses were completed using pairwise deletions for missing data. The data met all assumptions and no multicollinearity was found between variables. See Appendix E for correlation matrices.

The first linear regression tested demographic variables and their relationship to social support (refer to Table 9). Housing status was controlled for in the analysis to ensure the accurate measurement of predictor variables without the influence of housing differences. Predictor variables included age, race/ethnicity, education, marital status, number of homeless episodes, having children, physical health problems, and mental health problems. The overall model was significant at $F(13,68) = 2.139, p = .022$. The model predicted 29% of the variance between demographics and social support scores ($R^2 = .29, f^2 = 0.41, \text{power} = 0.985$). Within the regression, age was found to be significant, with younger participants reporting higher social support scores [$\beta = -.392, t = -2.524, p = .014, 95\%CI(-0.61, -0.07)$]. Marital status was also significant; participants who were married or widowed/divorced reported significantly higher social support scores than those who are single [$\beta = .299, t = 2.686, p = .009, 95\%CI(0.08, 0.52)$]; [$\beta = .397, t = 3.046, p = .003, 95\%CI(0.14, 0.66)$]. All other demographic variables were not significant, including race/ethnicity, level of education, having children, number of homeless episodes, physical health problems, and mental health problems. This indicates that age and marital status are predictors of social support scores in vulnerably-housed and homeless women.

Table 9: Linear Regression Predicting Global Social Support Scores by Demographic Variables

Variable	B (U)	β (S)	<i>t</i>	<i>p</i>	95% CI
Housing Status	-2.419	-0.078	-0.695	.490	(-0.30, 0.15)
Age	-0.392	-0.343	-2.524*	.014*	(-0.61, -0.07)
Ethnicity					
Aboriginal vs. Caucasian	3.163	0.095	0.859	.394	(-0.13, 0.32)
Black vs. Caucasian	-2.453	-0.043	-0.369	.713	(-0.28, 0.19)
Other vs. Caucasian	-0.821	-0.012	-0.108	.914	(-0.24, 0.22)
Marital Status					
Married vs. Single	14.179	0.299	2.686*	.009*	(0.08, 0.52)
Widowed/Divorced vs. Single	14.569	0.397	3.046*	.003*	(0.14, 0.66)
Education					
Completed vs. not completed high school	-7.104	-0.129	-1.179	.242	(-0.35, 0.09)
Postsecondary vs. Not completed high school	5.465	0.163	1.414	.162	(-0.07, 0.39)
Children	0.575	0.018	0.140	.889	(-0.25, 0.28)
Number of homeless episodes	-0.324	-0.149	-1.404	.165	(-0.36, 0.06)
Physical health problems	-0.459	-0.015	-0.120	.905	(-0.26, 0.23)
Mental health problems	-6.636	-0.214	-1.766	.082	(-0.46, 0.03)

* $p < .05$

A second linear regression tested social networks and social support networks on their ability to predict global social support (refer to Table 10). Again, housing type was controlled for in this analysis. Predictor variables included average length of time knowing network, frequency of face-to-face contact with network, frequency of any contact with network, proximity to

network, size of social support network, size of social network, average need for social support, and average satisfaction with social support. The overall model was significant at $F(11,72) = 3.270$, $p = .001$ and predicted 35% of the variance ($R^2 = .35$, $f^2 = 0.55$, power = 0.998). After controlling for housing, total size of social support network was significant at $\beta = .499$, $t = 4.463$, $p < .001$, 95%CI(0.28, 0.72), illustrating that larger social support networks are predictive of higher social support scores. For overall frequency of contact, one dummy code was significant with participants who average monthly contact with their networks reporting lower social support scores than those who had daily contact [$\beta = -.389$, $t = -2.572$, $p = .012$, 95%CI (-0.69, -0.9)]. However, yearly contact compared to daily contact was not significant [$\beta = -.10.605$, $t = -1.426$, $p = .158$, 95%CI (-0.52,0.09)], suggesting that overall frequency of contact as a variable does not predict social support scores. None of the other tested variables were significant in this model.

Table 10: Linear Regression Predicting Global Social Support Scores by Social Network and Social Support Variables

Variable	B (U)	(S)	<i>t</i>	<i>p</i> value	95% CI
Housing status	0.429	0.014	0.136	.892	(-0.19, 0.22)
Length of time knowing network	0.014	0.151	1.318	.192	(-0.08, 0.38)
Face to face contact with network					
Monthly vs. daily	3.561	0.114	0.663	.509	(-0.23, 0.46)
Yearly vs. daily	4.546	0.113	0.553	.582	(-0.30, 0.52)
Contact with network					
Monthly vs. daily	-11.965	0.389	-2.572*	.012*	(-0.69, -0.09)
Yearly vs. daily	-10.605	0.217	-1.426	.158	(-0.52, 0.09)
Proximity to network					
Nearby vs. in Ottawa	-0.925	0.020	-0.187	.852	(-0.24, 0.20)
Elsewhere vs. in Ottawa	3.409	0.070	0.502	.617	(-0.21, 0.35)
Total network size (HMT)	0.099	0.028	0.254	.800	(-0.19, 0.25)
Total support network size (ASSIS)	2.016	0.499	4.463*	< .001*	(0.28, 0.72)
Need for support	-0.145	0.010	-0.093	.926	(-0.23, 0.21)
Satisfaction with support	1.850	0.081	0.761	.446	(-0.13, 0.29)

* $p < .05$

Discussion

This study aimed to understand the social support and social networks of homeless and vulnerably-housed women. Results showed that homeless and vulnerably-housed women reported similar social network characteristics. However, they had different social support network sizes, with homeless women reporting consistently larger social support networks than vulnerably-housed women. Two multiple regressions showed that age, marital status, and support network size predicted global social support scores in this sample. The following section will review these findings and their implications.

Demographics

Demographic characteristics of this sample were similar to other studies of homeless and vulnerably-housed populations (e.g. Aubry et al., 2003). Marital status, education, employment rates, and race/ethnicity all showed similar distributions to Aubry et al.'s (2003) description of the local homeless population. Both studies also found similar numbers of homeless episodes, averaging 4 episodes of homelessness across the lifespan (2003). This verifies local experiences of homelessness and suggests the sample is representative of the population.

When comparing vulnerably-housed and homeless samples, there were again few differences in their demographics. Non-parametric tests showed the presence of physical health problems differed by housing group, with more vulnerably-housed women reporting physical health problems than homeless women. This difference may be explained by the sampling method used for vulnerably-housed participants; these participants were recruited from supportive housing locations that prioritize individuals with health needs, potentially inflating the difference between homeless and vulnerably-housed groups. All other demographic characteristics were comparable. In particular, both homeless and vulnerably-housed women

experienced a similar number of homeless episodes in their lifetime, highlighting their similar housing trajectories. This coincides with several studies that have suggested that vulnerably-housed and homeless individuals are comparable populations, both experiencing intermittent periods of homelessness and housing throughout their adult lives (Argintaru et al., 2013; Holton et al., 2010; Lyon et al., 2014). Knowing these similarities emphasizes the differences that housing situations create in the experiences of social support networks and stresses the need to study these groups separately.

Social Network Characteristics

This study examined the composition and size of social networks in this population. Participants reported an average of 6.8 individuals in their social networks. This is lower than other studies that have used the HMT measures, who report 8 to 14 network members with various populations (Ajrouch et al., 2005; Levitt et al., 1993). However, other studies of homeless individuals report comparable social network sizes (Sousa, 2005; Trumbetta, Mueser, Quimby, Bebout, & Teague, 1999). Homeless and vulnerably-housed women reported similar social network sizes, which suggest that size is not influenced by housing situation. This is a new finding as there is no other research that has considered the social networks of vulnerably-housed women.

Participants reported all types of relationships within their networks. Families were the largest group, followed by friends. This finding coincides with several studies on low-income populations that also report a higher number of family members in their networks than any other relationship type (El-Bassel et al., 1998; Sousa, 2005; Tracey & Martin, 2007). Professionals (e.g. social workers, case managers, doctors) accounted for 0.8 social network members and many participants did not report any professionals in their social networks. Similarly, Sousa

(2005) found only 39% of low-income families reported professional network members in their social networks. However, these low numbers do not necessarily mean that participants are not connected to professional supports, but may indicate that they do not classify them as part of their social networks.

Participants also reported other kinds of relationships in their networks including pets, roommates, and landlords. These groups are often overlooked in social network research and few studies include them. However, studies that look uniquely at these kinds of relationships have suggested that they can provide additional support of importance to the respondent. For instance, although pets are rarely discussed in the social network literature, studies have shown that pets have a positive influence on health and well-being (Wood, Giles-Corti, & Bulsara, 2005). The fact that participants reported these specific types of network members suggests that they are important to this population and future research should consider including these groups as part of their understanding of social networks.

There were again few differences between vulnerably-housed and homeless women and their types of network relationships. One significant difference found that vulnerably-housed women reported fewer other family members (e.g. cousins, aunts, uncles, grandparents) in their social networks compared to homeless women. There is not an obvious explanation for this group difference, although one study of women on methadone reported 20% of family networks were categorized as other family (El-Bassel et al., 1998); however, they did not distinguish between types of family members in their analysis. It is unclear why there is a group difference in other family relationships and further research is needed to explain this finding. No other group differences were reported on types of relationships within participant social networks.

Other network characteristics were important to note for this population. There was a significantly higher proportion of homeless individuals in the social networks of homeless participants than vulnerably-housed participants. Although the quantitative literature has not looked at this variable, Klitzing (2004b) found that homeless women were closely connected to other homeless women through their use of the shelter system. It is not surprising that vulnerably-housed women report fewer homeless social network members. However, as the majority of this sample was previously homeless, it may insinuate that friendships made during their time homeless are temporary and dissolve once the individual is housed.

Overall, the majority of network characteristics were comparable between homeless and vulnerably-housed participants. Network proximity, types of relationships, closeness, level of contact, and length of time known were all found to be similar between groups. The frequency of contact was similar to Tucker et al.'s (2009) study on homeless women, but more often than Trumbetta et al.'s (1999) sample that averaged monthly contact with their network. Research into other network characteristics has yet to be conducted with homeless and vulnerably-housed women, making these new findings.

Social Support Network Membership

This study also examined social support networks using the ASSIS measure and the number of network members that provide different types of support. Overall, participants reported a social support network size of 8.6. This is larger than the social networks of participants from the HMT measure. The ASSIS also found that vulnerably-housed women reported significantly fewer supportive individuals in their social support networks than homeless women, again differing from the social network results. This contradicts Goodman's (1991) findings that reported no difference in social support networks between homeless and

housed families using the same measure. Other studies have also found either no differences between homeless and low-income groups or significantly fewer social support members in homeless groups (Anderson & Rayens, 2004; Bassuk et al., 2002; Shinn et al., 1991). It is unclear from this study why vulnerably-housed women have smaller social support networks and further research is needed to understand this trend.

Social support networks accessed in the last 30 days also showed a significant difference between homeless and vulnerably-housed participants. Again, vulnerably-housed women reported accessing fewer individuals in the last 30 days compared with homeless women. This strengthens the argument for group differences in overall social support network size. However, vulnerably-housed participants reported less of a need for social support. This may indicate that vulnerably-housed women access less social support because their need for social support is less than homeless women. Previous studies of these populations have not measured recent social support networks.

The ASSIS also examined the social support networks by type of support. Participants reported an average of 1.5 network members for each of the six types of support. Comparisons showed vulnerably-housed women had significantly fewer social support network members that provided positive feedback and social participation than homeless women. This is a unique finding, as studies using this measure with low-income populations have not considered these specific types of support in their analysis. It is unclear why positive feedback and social participation show group differences and more research is needed to understand these findings. All other types of support were comparable between groups.

Level of satisfaction with support was similar between the two samples. However, vulnerably-housed women reported less of a need for support compared to homeless women.

This could again reflect the differences in housing situations, where vulnerably-housed women feel less of a need for support because their housing has been addressed and are satisfied with their smaller social support networks. This again has not been tested in previous studies.

Both homeless and vulnerably-housed groups reported high global social support scores. This conflicts with a similar study, which reported lower social support in homeless female youth compared to housed female youth (Votta & Farrell, 2009). This lack of group difference also conflicts with the group difference found in social support network size. With the result that social support network size predicts global social support, it would be likely to see group differences in both support network size and global social support. However, homeless and vulnerably-housed women reported similar global social support scores. The current study's findings imply that social support network size and global social support do not provide enough information to capture the social support experiences of homeless and vulnerably-housed women. Further research is needed to clarify and understand these experiences and findings.

Measure Comparisons

A comparison of the HMT and ASSIS was conducted to better understand the differences between these measures. Participants were asked to identify the individuals they felt close to in the HMT and the ASSIS asked participants to identify individuals they would turn to in different scenarios where support was needed. Overall, participants reported larger social support networks in the ASSIS than the social networks measured in the HMT. They also reported significantly different types of relationships within each measure; social networks included more family members and significant others while social support networks included more professionals. This proposes that participants perceive social networks and social support networks to be different groups of people. From these results, we can speculate that homeless

and vulnerably-housed women perceive a difference between individuals that are part of their social networks and individuals who provide them with support. With little research comparing the two constructs, it is not possible to determine if this clear difference is unique to this population or if it can be applied to the broader understanding of social relationships.

Regression Analysis

Two regressions were conducted to determine the demographic and social network characteristics that predict global social support. The first analysis tested demographic characteristics for their influence on global social support. However, only two demographic variables were significant: age and marital status. Younger participants reported higher levels of global social support than older participants. This was not surprising and coincides with several studies on age differences in social support with low-income populations (Lincoln et al., 2005; Siedleck, Salthouse, Oishi, & Jeswani, 2014; Vaux, 1985). Also, married and widowed/divorced participants perceived more support than single participants. Other studies have shown similar findings with married and single individuals (Cutrona, 1996; Zimet et al., 1990); however, this is a new finding for research with low-income populations.

No other demographic characteristics were predictive of social support, which was surprising for several variables. Other studies have discussed how children can be supportive, yet this study found no difference in perceived support for women with and without children (El-Bassell et al., 1998; Tracy & Martin, 2007). This may be explained by the fact that only four participants reported living with their children, reducing their frequency of connection and the potential to receive support from them. It was also surprising that physical and mental health impairments did not predict social support. There is a strong connection in the literature between health and social support in low-income populations (Durden et al., 2007; Israel et al., 2002;

Tucker et al., 2005; Turner et al., 2008). However, as mental and physical health were not the primary focus of this study, the narrow measurement of these variables may have limited these findings.

The second regression tested social network characteristics and social support, finding only one predictor of global social support. Total social support network size positively correlated with global social support. This confirms the use of social support network size as a way to predict social support in homeless and vulnerably-housed women. Other studies have similarly used social support network size to predict social support (Brenner et al., 1989; Sarason et al., 1983; Tyler, 2008). However, social network size was not significant in this model, highlighting the differences between these two variables. This contradicts Stokes (1983) who found that social network size predicted satisfaction with social support. This again proposes that social networks and social support networks are separate variables that have distinct connections to social support.

No other social network characteristics predicted social support, including length of time known, frequency of contact, and proximity to network. This shows that social support is not influenced by the length of the relationship, how frequent network members communicate, or how close they live to each other. For homeless and vulnerably-housed women, it is the number of individuals that can provide support that influences their perceived global social support. Furthermore, participants' need for support and satisfaction with their social support network also did not predict global social support. This distinguishes global social support as a unique variable, influenced only by the number of individuals who can provide social support.

Limitations

There are several limitations to this study. First, this study used convenience sampling methods to recruit participants. Although this was a realistic method considering the challenges of recruiting these populations, it may have overlooked some groups and their experiences. In particular, recruitment was conducted through local organizations that provide services to homeless and vulnerably-housed women, missing individuals who choose not to access these services. Individuals who do not access services may show different social support trends than those in the current sample. This reduces the generalizability of these findings.

Secondly, these results were also impacted by the limitations of the measures chosen. All measures employed in this study were based on self-report, creating a potential for inaccuracy and recall bias. There were also concerns about the reliability of these measures. The HMT had no reliability statistics because the questions are modified in each use of the measure. Furthermore, only part of the ASSIS could be measured for internal consistency because several questions did not follow a Likert scale format. The scales that were analyzed for internal consistency had low scores. These scores may suggest that participants had a variety of interpretations of these scales that impacted the consistency of the measure. However, it may also reflect the differences between the types of support that are measured in each question of these scales. Determining the reliability of these measures was beyond the scope of this thesis, yet these reliability concerns may have impacted the results.

Thirdly, this study has low power due to a small sample size. Low power increases the chance of a type II error and can reduce generalizability of the results. This study was exploratory, and a starting point for further research into social support and social networks in

this population. However, low power limits the application of these results and suggests caution when generalizing this research to similar populations.

Implications of Findings

This study compared social network and social support network measures, finding key differences in the composition of each network. This offers a novel perspective on the connection between social networks and social support networks. Researchers need to consider the type of network they are measuring and what it tells them about their population's social relationships.

Several new avenues for research emerged from this study. First, this study presents unique findings for vulnerably-housed women, providing detailed information about their social support and social network characteristics. Although many studies compare homeless and housed individuals, they do not look specifically at vulnerably-housed groups and their unique experiences. Further research is needed with vulnerably-housed populations to understand their unique housing situations and social relationships.

When comparing groups, results showed that vulnerably-housed women had smaller social support networks than homeless women, particularly in the areas of positive feedback and social participation. There is no obvious explanation for the difference in these particular types of support and previous studies have not compared these two populations. Further exploration into classifications of social support, particularly in homeless and vulnerably-housed populations is needed for interpretation of these findings.

Conclusions

These findings offer an understanding of social networks and social support within the contexts of homelessness and housing vulnerability. They provide insight into vulnerably-housed women's social networks and social support, adding new information to the limited research on this population. Comparisons of vulnerably-housed and homeless women has revealed key group differences in social support networks, offering evidence to support the influence of housing contexts on social interactions. This study also suggests a theoretical distinction between social networks and social support networks in this population. Further research can determine if this distinction extends to other populations and contexts.

CHAPTER 3: STUDY TWO

Study Two

Understanding social relationships can offer insight into the experiences of homelessness and housing vulnerability in women. Women place particular importance on their social relationships and use their relationships to cope with stressful situations (Defares et al., 1985; Haines et al., 2008; Turner & Marino, 1994; Vaux, 1985). Social relationships can also contribute to women's homelessness; a breakdown of social relationships and lack of support can cause and maintain homelessness in women (Averitt, 2003; Tessler et al., 2001). Understanding how social relationships are experienced within the context of homelessness and housing instability can highlight ways in which homelessness can be prevented and ended. The following study will explore social relationships through the perspectives of homeless and vulnerably-housed women.

Social Support Theory

The many theories of social support can be categorized into two main approaches: A behavioural perspective and a relational perspective. The behavioural approach describes social support as an exchange of supportive behaviours that provide feedback and validation to the individuals involved (Cassel, 1976; Caplan 1974; Lakey & Cohen, 2000). From this perspective, specific behaviours have been identified as supportive. Alternatively, the relational theory suggests that social support is the product of social activities, built through daily interactions. It is through these small daily actions that individuals create a shared experience of social support (Leatham & Duck, 1990; Gottlieb, 1985; Taylor et al., 1998). These interactions are also experienced within a context (Duck, 1995). For social relationships, contextual information can shape the interaction experience for both individuals involved.

Context

Within social relationships, context plays a significant role in shaping social interactions between two individuals. Context is defined as “any information that can be used to characterize the situation of an entity. An entity is a person, place or object that is considered relevant to the interaction between a user and an application, including the user and applications themselves” (Dey, 2001, p.5). Context provides a setting within which interactions between two individuals occur; for example, interactions differ when an individual is at work compared to when they are in their home. Context also helps individuals make meaning of these interactions, providing a basis for interpretation. Social support is interpreted within this contextual information (Leatham & Duck, 1990; Williams, Barclay, & Schmied, 2004). However, few studies explicitly offer a contextual analysis of social support.

Most studies outline a context in which their findings exist. Studies are almost always gender, age, and location-specific (e.g. Descartes, 2007; Mickelson, Helgeson, & Weiner, 1995; Vaux, 1985; Verhofstadt, Buysse & Ickes, 2007). Some studies provide more specific details, focusing their research on populations with particular contexts. Commonly studied are the contexts of historical events, cultures, and illness (e.g. Ahern et al., 2004; Liu, Mok, & Wong, 2005; Sammarco, 2009). For example, Liu et al. (2005) discussed social support experiences for Chinese cancer patients. They found that participants received emotional support from family members only, coinciding with their cultural belief that illness is a private, family matter. Although this study did not specifically discuss these findings as context, they suggest that contextual culture-specific beliefs influenced social support experiences during illness. However, most of the literature fails to acknowledge contextual factors within their analysis and interpretation of social support findings (Williams et al., 2004).

Understanding how context influences social support not only provides a more comprehensive view of the construct, but also offers insight into how social relationships function. This is especially important within homeless and vulnerably-housed populations, where housing situations can impact social interactions.

Qualitative Approaches to Social Support

Social support has been more commonly measured using quantitative methods. However, qualitative methods can provide an alternative perspective of social support. While quantitative methods aim to numerically represent a concept, qualitative methods use textual data to discover the intricacies of the same concept (Nelson & Prilleltensky, 2010). It gives participants an opportunity to describe their experiences, giving depth and nuance to the findings. Instead of searching for specific variables that have been previously identified, it allows for the exploration of a topic with an openness to new information. This approach is especially useful for complex constructs, such as social support, as it can highlight the daily interactions and behaviours that create social support (Duck, Rutt, Hurst, & Strejc, 1991).

Many studies have used qualitative approaches to examine social relationships within a variety of populations and contexts. These studies often consider different genders, age groups, race/ethnicities, institutions, neighbourhoods, and countries (e.g. Ajrouch et al., 2010; Averitt, 2003; Bui & Morash, 2010; Duck et al., 1991; Hinton & Earnest, 2010; Smith, 2008; Tomas & Dittmar, 1995). In housing research, qualitative studies have suggested a link between housing and social support (Curley, 2009; Klitzing, 2004b; Tessler et al., 2001; Wesely & Wright, 2005). The following section will review the qualitative literature on social relationships and housing situations.

Qualitative Research on Housing Situations

Housing contexts are an important consideration in social relationship research. Qualitative studies have shown that housing situations can influence social relationships, impacting both social networks and social support (Klitzing, 2004b; Curley, 2009). This is best exemplified in homeless populations, where their lack of housing has forced a change in their social relationships.

Klitzing (2004b) asked women living in a homeless shelter in the United States to discuss their social interactions. Despite their housing status, participants were actively connected to their family members and children, and maintained positive relationships with them. However, half of the women reported friendships exclusively with others staying at the shelter, limiting their ties with individuals outside their current housing (Klitzing, 2004b). For these participants, living in a shelter connected them to other homeless women; but it also isolated some of them from relationships outside their housing.

Low-income populations have also reported that changes in housing situations can impact their social relationships. Curley (2009) found that low-income women in Boston experienced negative repercussions when moving away from their social networks. Women who had localized social networks had more difficulty with the move than women whose social networks were located farther away. Many of the women expressed feeling isolated and losing emotional support because of their move. These studies provide examples of how housing situations and changes in housing can influence social relationships and social support.

However, other qualitative studies indicate that social relationships are just as influential on housing situations, particularly in homeless women. Many women contribute relationship-specific factors to their reasons for becoming homeless, including interpersonal conflict, divorce,

and intimate partner violence (Tessler et al., 2001; Wesely & Wright, 2005). A Canadian study found that conflicts with roommates negatively impacted housing situations and contributed to homelessness in employed men and women (Shier, Jones, & Graham, 2011). Furthermore, individuals experiencing homelessness have suggested that a lack of social support contributes to their continued housing situation (Averitt, 2003). Understanding how social relationships impact housing situations can suggest new avenues to address homelessness in women.

One qualitative study has suggested an explanation as to why social relationships and housing are mutually influential. Tomas and Dittmar (1995) asked homeless and stably-housed women to describe what home meant to them. They found that both groups defined home by the relationships within it. The homeless women were especially dependent on other individuals to address their housing and safety needs, equating supportive relationships that provided housing and safety with “home” (Tomas & Dittmar, 1995).

These studies point to a link between housing and social relationships. However, housing is only one context that is examined in this literature. Other contextual factors specific to homeless and low-income women can impact social relationships in different ways. Exploring social relationships within context provides a depth of information that is essential in order to accurately understand how social support is created and perceived.

Gaps in the Literature

Although there are some studies that employ qualitative methods to understanding social relationships, the majority of studies have used quantitative methods. However, quantitative studies have failed to examine the contextual factors that influence social support and social networks. This is especially important in homeless and low-income populations, where previous research has found a link between housing and social support (Cheng et al., 2013; Cohen et al.,

1997; Curley, 2009; Shier et al., 2011; Tessler et al., 2001). Exploring social relationships within housing contexts may suggest new information about the nature and functioning of social support and social networks.

With the suggested link between housing and social relationships, further research is needed on specific housing contexts and how they influence social interactions. In particular, there is limited research on homeless women and a lack of literature on vulnerably-housed women. Their specific housing contexts may uniquely influence their social relationships and further research is needed to explore these connections. In addition, these housing situations may suggest other common contexts in which these women experience their social relationships. There is a need for research into contextual factors that impact social support and social networks.

The Current Study

This study aimed to understand social support in homeless and vulnerably-housed women using a qualitative approach. It answered the following questions:

- 1) How do homeless and vulnerably-housed women discuss their social networks and social support?
- 2) How do homeless and vulnerably-housed women experience social networks and social support?
 - a. What are their daily experiences of social networks and social support?
 - b. How does their housing situation impact their social networks and social support?

Methods

Participants. Ten homeless and ten vulnerably-housed women were recruited to complete qualitative interviews. In tandem with Study One, randomly-selected participants were asked at the start of the interview if they would like to participate in a second study that would be audio-recorded. (See Table 11 for recruitment locations.) Study Two participants reported comparable demographics to Study One participants (See Table 12 for participant demographics). The procedure was then described to participants and consent obtained before beginning the interview.

Measures.

Social Network Measure. Participants were again asked to complete the Hierarchical Mapping Technique (HMT), a name-identifier measure of social networks (Refer to Study 1 for description). However, in this study, this measure was used to facilitate qualitative discussions about the identified social relationships. This measure was followed by questions about each relationship and their recent interactions.

Table 11: Study Two Recruitment Locations

Location (Organization)	Total
Emergency Shelter	
Evelyn Horne Young Women`s Shelter (Youth Services Bureau)	1
Hope Outreach (Shepherds of Good Hope)	3
Women`s Shelter (Cornerstone Housing for Women)	3
Supportive Housing	
314 Booth St. Supportive Housing (Cornerstone Housing for Women)	1
515 MacLaren St. Supportive Housing (Cornerstone Housing for Women)	3
Brigid`s Place (Shepherds of Good Hope)	2
Drop-In Center	
Cactus Youth Drop-In and Resource Centre (Operation Come Home)	3
St. Joe`s Women`s Centre	1
The Well	2
Other	1
Total Participants	20

Table 12: Study Two Demographics

Demographic	N = 20	Demographic	N = 20
Mean age (<i>SD</i>)	38 (13.76)	Currently employed (% Yes)	15
Ethnicity (%)		Children (% Yes)	55
Aboriginal	15	Marital status (%)	
White	60	Single	70
Black	5	Married/Common law	5
Latin American	0	Divorced	20
Mix	20	Widowed	5
Location of birth (%)		Mean months in current housing situation (<i>SD</i>)	21.8 (103.93)
Canada	90	Number of homeless episodes (<i>SD</i>)	2.7 (2.88)
Other	10	Physical health problems (% Yes)	65
Highest level of education (%)		Mental health problems (% Yes)	60
Elementary school	10		
Some high school	50		
Completed high school	10		
Post-secondary	30		

Qualitative Interview Guide. An interview guide was created to follow the completion of the HMT measure. Questions were created to facilitate the discussion of each dyadic partner identified in the HMT map. An initial review of the literature was used to inform these questions. The qualitative literature on social support was first reviewed to identify previously-studied questions and interview guides pertaining to social support. This was followed by a review of the

quantitative literature on social support in low-income populations to identify gaps in the literature that were suitable for qualitative exploration. Once areas of interest were identified, open-ended questions were developed to explore these topics. The initial draft questions were revised through consultations with selected dissertation committee members based on their expertise. Questions were asked about interactions with each dyadic partner, enquiring about recent contact experiences, social support experiences, and conflict. (Refer to Appendix F for the interview guides.)

Terminology. In Study One, the term *network member* was used to describe the individuals that participants identified in their social networks and interacted with. In Study Two, participants were given opportunities to describe the nature of their interactions with others. Because participants focused on pair exchanges in their discussions, the term *dyadic partner* was chosen to describe the second person within the interaction in this study.

Procedure. This study employed an inductive approach to analysis, informed by the works of Charmaz (2006), Corbin and Strauss (1998), and Saldana (2009). This approach allowed findings to be identified within the data, and ensured that emerging categories were directly based on an understanding of participant experiences. For this study, predetermined codes were used for the initial coding stage based on Barrerra's (1980) six types of social support. However, these predetermined codes did not seem to fit the data and coding switched to a more open technique (Saldana, 2009). Coding followed a constant comparison to the data to ensure fit. Larger categories were identified within this process. The second stage of coding established subcategories, again using open coding techniques (Saldana 2009). An audit trail was kept of all coding decisions made and memo writing was used as a tool throughout the coding process to clarify categories and codes.

Trustworthiness. Lincoln and Guba (1985) outlined four criteria to address the trustworthiness of qualitative data and analysis: 1) credibility, 2) transferability, 3) dependability, and 4) confirmability. This study aimed to establish trustworthiness through the following actions.

Credibility examines the accuracy of the findings (Lincoln & Guba, 1985). Shenton (2014) outlines several techniques to show credibility in qualitative research. First, the researcher had previous knowledge of the organizations where data collection was to take place. Preliminary site visits and discussions with managers allowed for an understanding of the culture and context in which participants were being recruited (Shenton, 2014). Also, an audit trail was also kept throughout data analysis to document all decisions made (Patton, 2001). Debriefing sessions were conducted with a committee member with expertise in homelessness to offer guidance on the analysis and broaden interpretations (Shenton, 2014). Finally, although member checks were not possible with this population, findings were reviewed and confirmed with managers of the recruitment organizations (Lincoln & Guba, 1985). These steps aided in confirming the credibility and accuracy of these findings.

Transferability of these findings was limited due to the discovered contextual effect on social support. However, a detailed record of the contextual information for this sample has been offered that allows a baseline understanding of the topic with which other research can be compared (Shenton, 2014). *Dependability* of data can again be confirmed using the detailed audit trail of all decisions made, allowing other researchers to replicate the process (Lincoln & Guba, 1985). Finally, *Confirmability* of the findings was again suggested through an audit trail that documents the coding process and decisions made during analysis.

Results

Five categories were identified from the data that described the social support experiences of homeless and vulnerably-housed women: Context, strategies, giving support, receiving support, and outcomes. For participants, these categories were interrelated and described a process of interactions. This process began with strategies to offer or elicit support, followed by a support exchange and ended with outcomes. All categories were influenced by context. Both homeless and vulnerably-housed women discussed all five categories but reported differences in their experiences of these categories. Within each category, several sub-categories also emerged, providing more detail about the experiences of each category (see Table 13). A model was created to illustrate how these categories are related (see figure 1).

Table 13: Qualitative Categories and Sub-Categories

Category	Sub-Category
Context	History
	Environment
	Health
Strategies	Giving Support Strategies
	Receiving Support Strategies
Giving Support and Receiving Support	Intimate Interactions
	Material Aid
	Advice
	Positive Feedback
	Physical Assistance
Outcomes	Positive Outcomes
	Negative Outcomes

Model of Support Exchange

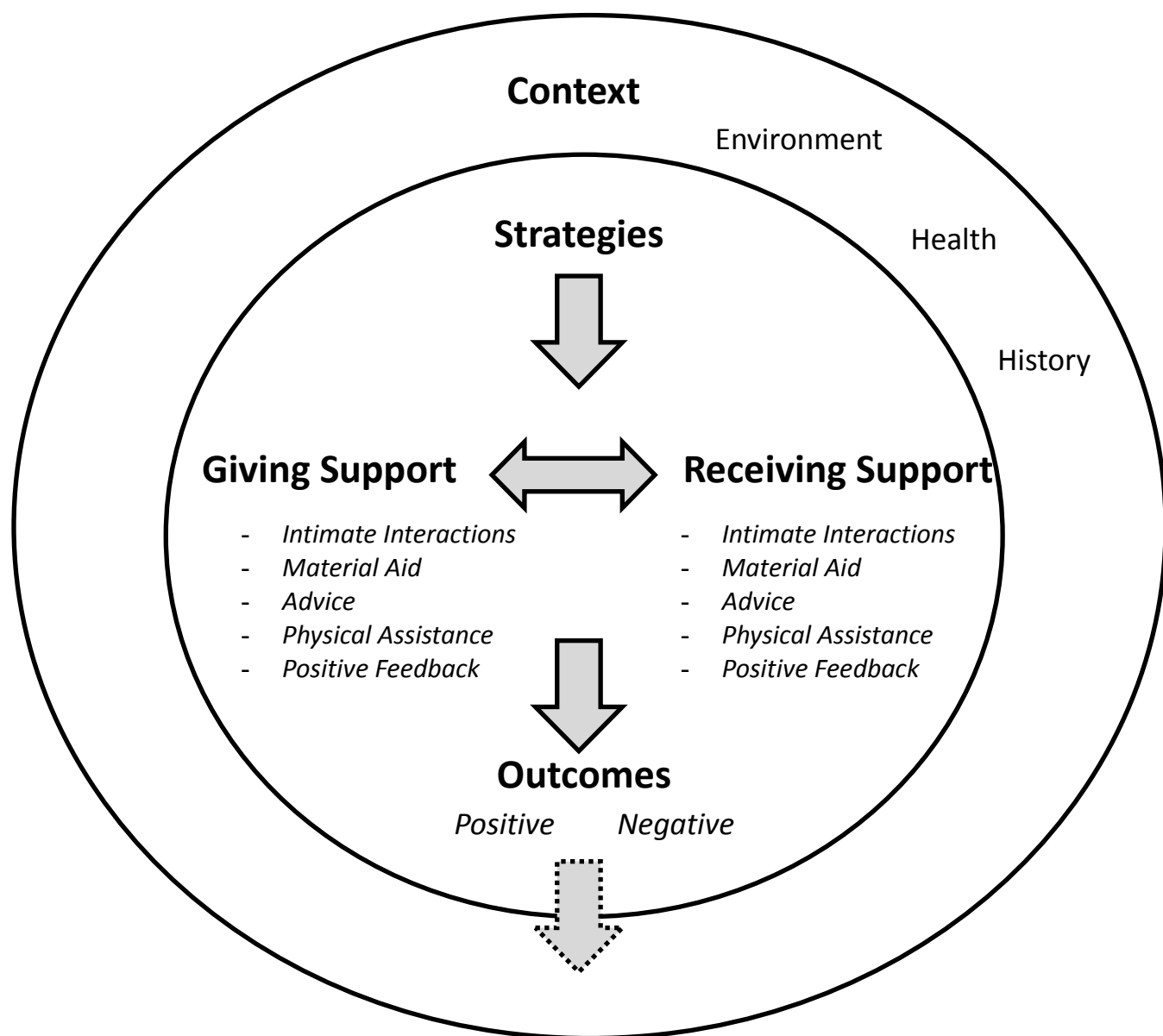


Figure 1: Model of support exchange as described by homeless and vulnerably-housed women.

This model depicts the process of a supportive interaction that homeless and vulnerably-housed women described. Context encircles the experience, influencing all facets of the interaction. Participants described their social support experiences within this context,

highlighting their personal histories, environments, and health contexts as influences on the interaction. Participants described the strategies they used to offer and elicit support from their dyadic partners as the starting of an exchange. They chose these strategies based on their contextual understanding of the situation and using these strategies, instigated an exchange of support. Participants described giving and receiving support as separate experiences but were often exchanged within the same interaction (illustrated by the double arrow). They experienced five of the six types of social support outlined by Barrerra (1980). These exchanges led to positive or negative outcomes for both individuals in the interaction. The entire interaction experience then became part of the individual's history, merging into the context that will influence future support interactions (illustrated by the faded arrow). The following sections will describe each component of the model in more detail.

Context

Participants described their social support experiences within a context. The context of a social interaction can be any information that will influence the experience. This study was open to all kinds of contexts, however some common contextual factors impacted participant interactions: histories, environments, and health.

Perspectives of context. As social interactions involved at least two people, the contexts of both individuals as well as their shared contexts impacted the interaction.

My context. Participants spoke about how their personal contexts influenced their social support experiences. These contexts could include any factors that were attributed to that individual specifically. For example, many participants discussed their health as it influenced their need for social support. As one participant explained, “because I’m a very depressed person

and I need people who I can talk to and stuff like that. Without people around, like I'd lose it." Participants also spoke of their histories and environments as part of their personal contexts.

Your context. Participants described how the context of their dyadic partners influenced the interaction. Similar to the participants' personal contexts, any contextual factor experienced by the dyadic partner would also influence the interaction. For example, several participants spoke about the health of their dyadic partners impacting the interaction, "Now it's a little bit different since she's been sick". Past histories and environments of dyadic partners were also known to impact social support interactions.

Our context. The shared contexts of the two individuals in the interaction further influence the social support experience. Contextual factors that relate to both individuals impacted their experiences of support. For instance, a history of support experiences with that particular dyadic partner and the environment within which both individuals are interacting influenced the present support interaction.

Sub-categories of context. Specific contextual factors were commonly discussed by homeless and vulnerably-housed women. Their histories, environments, and health regularly influenced their social support interactions. The following section will review these subcategories.

History. Past experiences of giving and receiving support directly influenced present support interactions. Participants had histories of both positive and negative support experiences. Negative experiences especially influenced how participants approached support in their current life. Said one participant "I don't have patience for a lot of people anymore. I used to and that's where a lot of my problems came from." Other participants talked about having positive interaction histories with their dyadic partners that gave them a positive view of support "She has

seen the highs, the lows, the manics. We've been through a lot together, we've been through a lot but we help each other out." Having a history of positive support reinforced the connection with dyadic partners and gave participants the confidence to give and receive support with that individual in the future.

Several participants spoke about their childhood experiences of social support influencing their current social support. One participant explained why a lack of support from her parent influenced her current situation.

I was like, if you're going to move me here and there and I have to look after myself, then why are you telling me what to do? So at that point I was just independent. And like, they thought I was being like a runaway teen type of thing, but I'm like no, I'm doing my own thing because like I find I get a lot further independently than I do with my parents.

Although participants often described childhood experiences, all past experiences of social support became part of their historical contexts.

Environment. Environment was the most commonly-discussed contextual factor in interviews. Environment described any contextual factors that were the result of location, including the physical, structural, and social factors. Participants talked extensively about how their environments directly influenced their experiences of social support. Participants spoke specifically about how the locations in which they lived limited or increased their ability to connect to social support. Housing situations (e.g., shelters, supportive housing, independent housing) both facilitated and hindered social support interactions in different ways.

Shelters. Participants spoke about the ample support available in shelter environments, both from professionals and peers. Many professional supports were available at the shelters,

providing centralized access to health, addiction, housing, and employment supports. Many participants staying at shelters spoke about approaching shelter staff for support. Explained one participant, “The support I have is here at the shelter right now, from the staff. So they’ve got the resources here to guide me.” The shelter also had the resources to refer individuals to other professional supports if they could not provide the support directly.

Shelter environments also offered close proximity to peers, providing opportunities to create friendships and give or receive support. Participants spoke about the constant opportunities in the shelters to connect with other residents.

Like anytime, it’s like New York City. It’s twenty-four hours, anytime of the day or night you will find somebody. You want to go out for a smoke at two in the morning, you go out the front door, there’s no one there. You go out the back and there’s someone. There is always somebody around

Said another participant “There would be a group of us, like a group of three, group of five, group of seven who would want to do stuff. All I would say is ‘I’m going to timmies’ [coffee shop] and you would get a trail of people behind you.” Participants spoke of developing supportive relationships with other women living in the shelter.

However, many participants also spoke of negative aspects of shelter life. Negative experiences with other shelter residents made it difficult for participants to feel safe and supported. One participant spoke about an incident where she was made fun of by other residents after revealing something personal in a shelter support group. She explained “When they do group, they discuss the problems that they have here and it comes out in the common areas and I don’t think it should. I think it should be dealt in a different mannerism. I think that arises a lot of the conflict within.” Participants gave many examples of negative interactions with other shelter

residents and conflict was considered common within this environment. Said one participant about her relationship with her boyfriend “Living in a shelter, it’s really hard on our relationship because people are always trying to break us up”. Another participant spoke about the shelter rules limiting her ability to connect with her son because it did not allow men to visit. Rules such as these limited connect with individuals outside the shelters, reducing the possibility of social support from other sources. Several participants also spoke about the fleeting nature of friendships made in the shelters. “So I have made friends. It’s just that they tend to go, you know, they do tend to go.” These environmental experiences impacted the social support that homeless women could access while living at a shelter.

Supportive housing. Supportive housing environments were similar to shelters in their availability of professional supports. Although not as extensive as shelter supports, supportive housing offered staffing and some supportive programming for its residents. Participants spoke about approaching housing staff for direct support. Said one participant, “They talk to me you know? They talk to me and calm me down.” However, not all participants were happy with the support provided by staff. As one participant explained,

I go to the office this one time, like oh my God, I need to get these thoughts out of my head. I want to go to bed. I didn’t need somebody just sitting there just going ‘oh well’.... It’s not going to make me feel better. It’s just not. So I thought, well I’m not going to talk to you anymore.

Participants in supportive housing again spoke about having social connections with other women in their housing. Many participants spoke of open invitations to connect and socialize with others within the building. Said one participant, “You know, girls in the house that you know, ‘my door is always open, you know. Come up for coffee and play some cards with me.’”

And I have taken them up on that sometimes.” Like shelters, professional and peer support were again offered directly through these housing programs.

Independent housing. Participants living in independent housing had fewer connections to support. They were not able to access professional supports through their housing and were required to actively seek support from other sources. Some participants described living alone and not having access to peers or friends through their housing.

Some participants lived with roommates, significant others, or family members and spoke about the positive and negative support from these relationships. For some, roommate relationships were positive and they discussed how the experience of living together strengthened their relationship. “...and then once I moved in we over time became very close.” However, some participants spoke about the challenges of living with a roommate and the strain it placed on their relationship. One participant described a challenging situation where she is currently staying in someone else’s home.

They’ve wanted me to leave for a while because it’s too tight. But they are not at the same time, they are not cruel or mean and they don’t want me out on the streets. So it’s been very difficult for them.

Relationships strained by housing situations can reduce the amount of support available through these individuals, and even cause conflict. One participant spoke about choosing not to live with someone due to the conflict it would cause between them. “She doesn’t know why I can’t live with her either. She just keeps saying ‘Come live with me, come live with me’ and I’m like ‘I can’t.’ because I know it’s just going to make us pretty much hate each other again...” Although some independent housing provided opportunities for supportive relationships with roommates and family, it also increased the chances of negative experiences and conflict.

Overall, participants spoke about the significant influence their housing had on their social support. Housing environments impacted the availability and accessibility of professional and peer supports. It also had an impact on the quality of support they received, with participants describing both positive and negative support experiences within their housing situations. Housing was an important contextual factor for homeless and vulnerably-housed women.

Proximity. Within the context of environment, participants also spoke about proximity influencing their social support experiences. Participants gave many examples of how proximity facilitated and hindered their social connections. As mentioned previously, living in shelters or supportive housing situations provided ample opportunities to connect to other individuals face-to-face due to the many individuals that shared the same housing. One participant explained how one relationship formed because both her and her dyadic partner were staying at the same shelter.

I met her before, slightly, we talked a bit, but then I met her in the shelter again. And that was a huge surprise I mean ever since then we've gotten, I was shocked at how close we've gotten I mean I knew her before, but it was sort of like okay you're a friend of a friend and but when we got here we just started talking and we have a lot of similar experiences and she's sort of doing the same things and going through the same things that I am so we're here together every single day.

If close proximity increased social connections, then a lack of proximity reduced connections with others. Participants spoke about friends or family that they felt close to but had lost touch with due to their proximity. Said one participant, “Like she was my best friend. The only reason we grew apart is because I moved here”. Proximity also influenced the availability of support from network members. When participants lived far from their network members, it was more difficult to receive support from them. As one participant explained:

I have quite a few friends but I don't contact them. Well, I don't even know how it is, what would be normal. If they're in another city I only see them every year or two when I go on vacation. So they would be there if they were right next to you.

Proximity also influenced access to dyadic partners. With the current communication technologies, some of the issues that arise from a lack of proximity can be addressed. Although computer usage was not common among this population, phones were seen as an important tool to stay connected to distanced dyadic partners. Most participants spoke about calling their dyadic partners rather than texting. However, many participants could not afford the costs of having a phone. This limited their ability to remain connected to their networks and in turn, limited their access to support from dyadic partners.

Transportation was another factor that mediated access to dyadic partners. Even dyadic partners living within the city were sometimes difficult to see due to transportation barriers. Many participants spoke of the high cost of public transportation limiting their ability to visit their dyadic partners. "I am living on just a few hundred so the bus ticket things are five bucks or more for one trip to go there and back." Other participants spoke of the lack of public transportation in the rural areas that limited when they could see their dyadic partners. Said one participant about visiting a family member, "I don't have a car or anything so it's hard to travel. There are no busses that go down there." Access to transportation and technology is an added barrier for homeless and vulnerably-housed women to connect to their networks and receive support.

Environment influenced experiences of social support for homeless and vulnerably-housed women. Their housing directly impacted the availability and accessibility of professional and peer supports. Proximity also influenced the availability of support and was mediated by access

to transportation and technology. The contextual influence of environment is critical in understanding homeless and vulnerably-housed women's social support experiences.

Health. Many participants reported mental health problems, physical health problems, and addictions that impacted their daily lives and in turn their social support experiences. They discussed how these health issues influenced their need for support and their ability to give support to others.

First, health problems increased participants' need for support. They required additional supports to address their health concerns and daily needs. For example, one participant spoke about how her depression increased her need for support "Because I'm a very depressed person and I need people who I can talk to and stuff like that. Like without people around, I'd lose it, I would." Other participants spoke about their physical and mental health requiring specific types of support, such as physical assistance and positive feedback.

Health problems also added limitations that made giving and receiving support challenging. For example, one participant spoke about how her physical health issues required her to go on long-term leave at work, which then negatively impacted her relationships with coworkers. Mobility limitations also impacted participants' ability to visit their dyadic partners and made them reliant on their dyadic partners to make the effort to connect. Mental health and addiction problems limited participants' mental capacity to support their dyadic partners and also increased their need for support. The limitations caused by physical health, mental health, and addiction problems negatively impacted participants' social support.

Overall, these contextual factors impacted all social support interactions for homeless and vulnerably-housed women. Their personal and shared histories, environments and health impacted participants' social support exchanges. Understanding context is essential to

understanding all other categories within the model. All other categories will be discussed within this lens.

Strategies

An exchange of support was preceded by strategies that expressed an offer or elicitation of support. Participants used a variety of overt and subtle strategies to offer or elicit support with their dyadic partners. Using these strategies told the dyadic partner of the participant's wishes and gave them an opportunity to respond through giving or accepting support. The following section will review these strategies as they relate to giving and receiving support.

Offering support. To offer support, participants used a variety of actions and behaviours specific to the context and type of support being offered. Dyadic partners then had the option of accepting the support or rejecting it. In many cases, support was actively offered to dyadic partners. Participants directly asked if the person needed help and suggested the kind of support they were able to provide. For example, one participant explained "And they need the help and I'll say 'if you need to talk, come back and I will talk with you' ". Actively offering support was the most common strategy used by participants.

Participants also spoke of less obvious ways of conveying an offer of support to their dyadic partners. For example, spending time in specific locations conveyed an offer of support. Explained one participant about her network member, "She would always be in the same spot, you know what I mean, So I would never lose touch or somebody would always be around that would know her." Another strategy was to maintain communication with specific dyadic partners to be available to support them when needed. Explained one participant "I'm trying to keep in touch with the people I really like to try to be supportive." Participants used these strategies to express their offers of support.

Participants chose their strategies based on several factors: the dyadic partner's needs, the participants' available resources, and the context of the situation. Depending on the individual's needs, participants would offer different types of support. Said one participant "There's some people that need support like financially; there's some people who need support like socially. Some people need support medically, physically. Like it all depends what their need is." However, this was limited by the types of support participants were able to provide. For example, as many participants did not have the resources to give material aid, they did not offer that kind of support to their dyadic partners, even if it was a need.

Context also played a role in the strategies used to offer support to dyadic partners. As previously mentioned, specific physical locations were used to offer support. Specific locations within the shelters and community were common areas known for connecting and exchanging support. By situating themselves in these locations, it automatically showed their willingness to connect and offer support. For instance, sitting in certain areas around the shelter indicated to others that the participant was willing to interact and potentially provide support.

Individual contexts had to also be taken into consideration when offering support. Some individuals would not accept support when it was offered directly and participants had to employ other strategies to support their network members. For example, one participant described how she engaged professional supports on behalf of her network member. "Someone professional knows how to talk to people. I could but I would rather let someone... Sometimes when it's a stranger, it's better." Context significantly impacted the strategies participants used to offer support.

Similar strategies were used to show that an individual was not available to support their dyadic partners. For example, several participants avoided particular locations where they would be asked for support. Explained one participant:

I had to gain some strength and like how am I going to deal with this. So I didn't even feel like I could go into areas of the city where I had been before, where other people would know me. Even if they didn't ask me questions, at that point they would want something from me and I didn't have it to give them.

Participants were careful not to directly and indirectly offer support to their dyadic partners if they were not in a position to support them.

Eliciting support. Strategies were not only used to offer support to dyadic partners, but were also used to seek support from dyadic partners. Participants actively sought out support from their networks to address their needs.

In many situations, participants overtly asked for support when they needed it. Participants approached dyadic partners and overtly asked for specific types of support. For example, one participant approached a family member for material aid, "And so I called my dad and I was like 'Hey, I don't have any money. Can I come home?' He said yes and sent me the ticket." Panhandling was one strategy some participants used to actively ask for material aid. Said one participant, "I was trying to panhandle so I could get some vitamin C". The act of asking for support was the most common strategy participants used to have their needs addressed. Asking for professional support was more involved than asking for support from other types of dyadic partners. For some professional supports, referrals were needed from other professionals, requiring participants to speak to several people in order to access support. Sometimes professional supports had application processes, again requiring individuals who were seeking

support to go through several steps before they were able to receive support. Participants spoke about the additional effort and time required to seek out professional supports to address their needs.

Participants also used more subtle strategies to receive support. They spoke of spending time in specific locations to receive support. One participant gave an example of changing her location to seek out support, “I’ll leave my house sometimes, just to go hang out with people. Even if I hardly know them, like I just really don’t want to be alone.” Other participants used social participation as a way to connect to others and receive support. For example, a common social activity for participants was smoking; supportive interactions often happened while participants were smoking with their dyadic partners. Explained one participant, “Back in the shelter, sit back and relax and smoke. Everyone’s relaxed and you can talk to them” Invitations to social activities were seen as a strategy to connect with someone, often in the hopes of receiving support.

Seeking support strategies were heavily influenced by context. Participants chose who to ask, when to ask, and what kind of support to ask for based on their history, physical environment, and availability of the other individual to provide support. As mentioned, specific locations are known to have people who might be offering support, allowing participants who may be seeking support to visit those locations as a strategy. Participants also use contextual information to make decisions around seeking support. For example, one participant explained why she chose to ask one family member for support over another “Like my mom won’t necessarily listen to it and if she does listen to it, she’ll argue with it. So it’s a lot easier to sit there and talk to my brother”. In some cases, participants decided not to seek support for their needs. This decision was again influenced by context. Explained one participant “...not to ask,

yeah. Because I know I can't give it back. So no, I don't ask." Choosing not to seek support was closely linked to the availability of support sources, past experiences of seeking support, and the ability to reciprocate the support.

Self support. Not all support was sought from others. Many participants spoke about supporting themselves in times of difficulty. Self support was experienced as an attempt to change internal thought processes and behaviours, using self-talk to provide positive feedback and advice in difficult circumstances. Participants used common philosophies, beliefs, and uplifting phrases to motivate themselves. For example, one participant explained her philosophy on how she helps herself "So when you need something you try one thing at a time, not two! One! It doesn't have to be a big one but it has to be approached yourself. And that builds up your self-esteem." Participants thought of these strategies and actions as ways to help themselves address their own needs. "I'm like a therapist but I'm a therapist for myself too". Participants agreed on the importance of providing support to themselves and using positive thoughts and behaviours to work through difficulties in their lives

Summary. Offering and eliciting social support involved multiple strategies for vulnerably-housed and homeless women. Participants used both active and subtle strategies to convey their offers of support or to elicit support. These strategies were highly dependent on context, taking into account the location, resources and past experiences of support. In some cases, participants chose not to seek or offer support and used specific strategies to convey their choice. These strategies were an important part of the social support experience and occurred before engaging in an exchange of support.

Giving and Receiving Support

Support was described as an exchange, where both giving and receiving support were involved. Participants gave and received social support with their dyadic partners. Giving and receiving support were seen as separate experiences, but could be experienced within the same interaction. Different types of support were given or received, depending on the needs and resources of the individuals involved.

Social support principles. Participants described several principles of support that governed how support was exchanged. These principles provided unofficial guidelines for participants to follow in their support interactions.

Support is reciprocated. Participants spoke about an expectation that support given will be reciprocated in an equal manner. In some cases, support was reciprocated immediately and in the same interaction. In other cases, support was reciprocated at a later time. Said one participant “He took me into his house and I would like watch his kids and stuff.” Some participants chose not to receive support in the fear that they would be unable to reciprocate that support back (e.g. choosing not to accept money for fear they cannot pay it back). There are many exceptions to the reciprocating support rules. Some support was seen as a gift and therefore not required to be reciprocated. Similarly, support offered by professional sources did not require reciprocation.

There is a responsibility to support. Participants spoke of having a responsibility to support certain network members, particularly family. Said one participant, “Because we’re family. That’s why I feel I have to like give him a bit of advice and like talk to him.” Participants felt that they needed to give all types of support depending on the needs of their family members. Most participants discussed feeling responsible for giving material aid and physical assistance. Within families, specific roles had more responsibility to support others in the family. For

example, parents are expected to support their children. Older family members were also expected to support younger family members, especially in sibling relationships. As one participant explained, “But if I don’t do something for my mother and my brother and try to bring the family back together, because I am the eldest, no one else will.” Participants emphasized the supportive aspects of family relationships and felt a requirement to provide support to their family.

There is a limited amount of support to give. Participants spoke about only being able to provide a limited amount of support to network members. Support was seen as a limited resource and individuals became tired of providing long-term support to dyadic partners. Said one participant “I mean it [support] shouldn’t be forever. You know people do get exhausted.” This resource was significantly reduced when participants were also stressed and were spending their resources supporting themselves. “If things are too stressful we’re not very good supports for each other, because we need to like use ourselves.” Participants spoke about the difficulties of trying to give support to others when they themselves needed support. “Because when people are relying on you, and yet I was in such a vulnerable situation.” Individuals used specific strategies, such as changing their physical location, in order to take a break from giving support to others.

These principles of support helped define how support is experienced by vulnerably-housed and homeless women. These guidelines describe the expected responsibilities and behaviours that guide support interactions for this population.

Types of support. Descriptions of support were coded into the six types of support outlined by the ASSIS measure (Barrera, 1980). The final analysis showed five of the six types of support were relevant to homeless and vulnerably-housed women’s experiences: intimate interactions, material aid, advice, positive feedback, and physical assistance. Social participation

was discussed as a strategy to offer or elicit support rather than a type of support. The following section will define each type of support and discuss participants' experiences.

Intimate Interactions. Participants defined intimate interactions as talking and listening behaviours that facilitated closeness and caring. Participants received intimate interaction support by talking with their dyadic partners and gave this support by listening. Said one participant "We talk about everything. Oh yeah, we talk about everything. We sit there for hours, me and my brother sit there for hours and talk." Topics of conversation varied widely, including discussions of daily life, thoughts, goals, fears, and beliefs. Through these talking and listening behaviours, participants felt a sense of caring, love, and trust with their dyadic partners.

However, participants also needed to feel that they were being understood and not judged when interacting through talking. "To have people who are understanding, not judging. People who I can talk to." For many participants understanding was fostered through experiencing similar situations. Explained one participant,

She's just kind of like there to talk to because she went through foster care and [child support service] and everything. And now she has her own place and she like knows how hard it is to struggle with drugs and food and everything. So she's like an easy person to talk to.

Understanding was essential to properly provide intimate interactions support.

Giving intimate interactions support was also described in the form of active listening. Explained one participant "You are here to listen to her because she is special to you." Participants actively offered to listen to their dyadic partners, asking them if they wanted to talk. "And they need the help and I'll say, if you need to talk, come back and I will talk with you."

Participants discussed how giving support in this way showed care and connection for their dyadic partners.

Other behaviours were also associated with intimate interaction support. Participants also described intimate interactions as asking dyadic partners about their day or using expressions such as “how are you?” One participant gave examples of common phrases that showed support “Hey, how are you? What are you doing? How was your day? How was your week? What did you do? Are you good? Do you need help? Do you need food?” Participants explained that these statements showed genuine care and connection. Explained one participant:

You can tell because they actually ask outside of you like telling them something. They’ll be like ‘how are you doing’, ‘are you okay?’, like ‘what’s been going on?’. They’ll actually remember things that you’ve told them and like what you’re going through and they’ll try encourage you or help you.

The verbal expression of love was also included in intimate interactions. Said one participant “She told me she loves me and to be good.”

Intimate interactions support was expressed through talking and listening interactions. These behaviours expressed a genuine understanding and concern for the other individual and these behaviours were considered supportive. These experiences fostered a sense of connection, caring, and trust between dyadic partners, further confirming their perception of support from one another.

Material Aid. Material aid included monetary support or gifts of needed goods (e.g. clothing, cigarettes, food, etc.). Material aid was mostly discussed from the experience of receiving support due to participants’ limited material resources. However, participants gave

material aid in small amounts when they were able to. Most participants had a high need for material aid overall.

Participants spoke about receiving some kind of material aid from friends, family, or government programs. In most cases, the main source of material aid was through provincial sources of financial support, which provided monthly funding to individuals in need. However, professional sources of material aid were inadequate and did not provide enough support to cover housing and basic needs. Other sources of funding were required to finance participants' expenses. Said one participant:

I am going to be on [welfare program] for the rest of my life. That's the most I will have- that's \$500 a month or whatever it is and try to rent a place halfway decent for the rest of your life on that.

Participants spoke of the frustrations of not being able to afford basic housing and necessities even with professional material aid.

Participants used a variety of approaches to find material aid. Some participants actively asked for material aid from dyadic partners or others. Panhandling was used by some participants to receive small amounts of cash for specific daily needs (e.g. cold medicine, cigarettes). Other participants asked for money from their dyadic partners. Explained one participant "And so I called my dad and I was like 'hey, I don't have any money, can I come home?' He said yes and sent me the ticket." Participants spoke of asking for or borrowing money for specific needs, such as transportation, cigarettes, or rent.

In some cases, material aid was provided even without participants asking for it. Participants gave many examples of receiving material aid from their dyadic partners when they had not asked. Said one participant "She works so I mean she has occasionally helped me out

with money. I haven't asked her. She offered like when I ended up here in [City] with nothing, she gave me some. She just came over and gave me some money." Another participant explained how her friend helped her with clothing "She used to bring me out like every time she got her cheque to get me a pair of pants". One participant spoke about her need to get dental care and how her dyadic partner provided her the financial means to do so.

I was having problems with my teeth and I couldn't afford a dentist....I didn't ask her for money. I told her I was going and she says well I'll give you money to help pay for that. So she does that kind of thing you know, when she knows there's a need, she will help that way as well.

This support was seen as essential for participants to address their needs. As one participant explained "Without her, me and my mom wouldn't have a place right now because she paid my mom's first month's and last month's rent."

Reciprocating material aid was difficult for participants. In some cases, being unable to reciprocate or "pay them back" stopped participants from seeking material aid from their dyadic partners. Said one participant "You know, if I am on my last penny, I am on my last penny. Then so be it. I didn't budget well or I was foolish so I pay the price." Other participants saw seeking material aid as a last resort because of their limited ability to reciprocate. "I only borrow in dire situations." Some participants spoke about alternative ways to reciprocate material aid, providing alternative kinds of support to their network members in return. Said one participant, "Obviously not financially. Obviously not in ways that she can help me. I mean there's some things that I've helped her in other ways."

Most participants did not have the means to give material aid support to their network members. However, participants did provide small gestures of material support when they were

able to, buying coffees, cigarettes or giving small amounts of money to their network members. Explained one participant “She will let me know if she has smokes, or if she needs some, I’ll give them to her too.” Some participants also spoke about giving material aid specifically to family members when they were in need. For example, said one participant “I buy her [sister] lunch every day and stuff cause my mom has no food for her.” Participants provided material aid mostly to younger siblings and children when they had the means to do so. However, many participants referred to examples in their past where they were able to provide material aid to their dyadic partners. “When I did start getting some income and working, there’d be times where...she wouldn’t have this or that and obviously I would have to help her out and stuff.”

Overall, participants spoke extensively about material aid and their need for this kind of support. Although most participants received professional support, they required material aid from dyadic partners and other sources to cover their basic needs. Participants gave small amounts of material aid to their dyadic partners when they were able to.

Advice. Advice includes telling someone the truth about a situation or experience, and then providing ideas or options for the future. In some cases participants asked for advice from their network members, but in other cases, advice was provided without being prompted. Individuals then had the choice to follow the advice given or not to follow it.

Participants received advice on many topics, including housing, mental health, and daily life. Most participants appreciated the advice they received; “They can give you little tricks. Sometimes it doesn’t take much.” Many participants turned to professional supports for advice, preferring to trust a trained professional than their friends or family. When asked who she would turn to for advice, one participant said “Probably my psychologist, or someone that knows I have psychological issues. I will never go to people.” In some cases, participants chose not to ask for

advice and relied on their own ideas to guide their life decisions. “As for advice, no. I just kind of go with the flow, with my instincts right now.”

Participants also gave advice to their network members about similar topics. Said one participant to her network member “I said to her, like just stay and let them make it perfect so that it’s going to be still...you still have the whole rest of your life to live. So let them do it right and make it perfect.” However, some participants felt that they were not qualified to give advice in all situations and were careful with what they offered as advice to their dyadic partners.

Positive feedback. Positive feedback was defined as positive affirmation given or received with a dyadic partner. Participants described situations of receiving or giving agreements, compliments, and general statements of being a ‘good person’. Participants shared ideas, beliefs, and thoughts with their dyadic partners specifically to receive agreement back from them. Explained one participant “Because like sometimes she’ll agree about what I’m doing because she’ll start to understand like what I’m thinking of.” Another participant explained, “Something that I would say, she’d know and say ‘oh me too’ or ‘I understand’ or ‘that’s right’ or you know, ‘I get it’ ”. These simple statements had a positive impact for those receiving them, and participants recognized them as support.

Positive feedback was also given in general statements of compliments. For example, one participant said, “She keeps telling me that it doesn’t matter. That things might be bad in the past but it will always get better.” The phrase “a good person” was often used in these statements and was experienced as a supportive complement. Said one participant “I gotta tell her that she’s a good person and like I try to help her.” Other experiences of positive feedback were more specific to the situation. For example, “And after she saw me with my kid, she told me I was a

great mom and now she's glad I didn't give it up for adoption." These statements of affirmation were viewed as supportive and had a positive impact on those receiving them.

Physical assistance. Physical assistance was defined as providing assistance to complete important errands or activities. Although sometimes grouped with material aid in other social support classifications, it is a subset of instrumental social support that involves active behaviours to help an individual with a tangible task. Participants spoke often about receiving physical assistance to complete errands or tasks that related to their individual needs. Participants also gave physical assistance when they had the resources to do so. There were many different situations that warranted physical assistance and they were unique to each individual. Participants described six different kinds of physical assistance that they gave or received.

Transportation and errands. Many participants spoke about needing transportation to appointments or to run errands. For some participants, professional supports provided this type of support. "Oh my worker, she's there all the time for me. I got appointments that I gotta go to, I just pick up the phone and call her." Other participants had friends or family members who were willing to provide this kind of support. Said one participant about a friend, "You can't talk to him, but you can get a ride from him or something. So he's still kind of supporting me by making my day easier by getting somewhere." Transportation was seen as an important type of physical assistance for participants because of the limited and expensive public transportation in the area.

Physical assistance for physical limitations. Individuals with disabilities and physical limitations commonly needed physical assistance. Many participants gave examples of how they were able to help their dyadic partners with physical limitations. Said one participant, "She's in a

wheelchair right now, so I always push her around, take her places.” The kinds of physical assistance provided to individuals with disabilities were dependent on their specific needs.

Distraction. Another kind of physical assistance provided aid through distraction from negative thoughts and behaviours. This was especially helpful for participants who were struggling with addictions. One participant spoke of a situation where she would remove the addictive substance from her dyadic partner as a way to support them:

If you straight up tell me ‘I have a crack problem. If you see me smoking crack, you take it away from me’, I will rip the pipe right out of your frickin mouth, right? I used to do that to my friend all the time.

Participants provided examples of how their dyadic partners supported them by distraction. One participant spoke about how spending time with sober dyadic partners helped her remain sober. Another participant spoke about how her dyadic partner used jokes to temporarily distract her from her depressive thoughts. All of these were seen as physical assistance for participants to temporarily distract them from negative aspects of their environments.

Physical assistance could also be used to support participants in temporarily leaving their current environment, allowing them a break from challenging situations. For example, one participant spoke about a network member that tried to help her leave her abusive spouse. “He helped me. He tried to take me away from there lots of times when he moved back to [city].” Sometimes even a temporary removal from the environment was considered supportive. “I’ll just go hang out with him in the car, drive around, I don’t care. Just to get away from her [family member].” Temporary leave was seen as a small respite from difficult circumstances. Overall, distraction was seen as an important kind of physical assistance for participants.

Connecting. Physical assistance also included connecting individuals to other supports. Many participants spoke about receiving support through referrals to other sources of support. One participant explained how she was able to find housing in a new city, “I needed to leave and the head of the community, he was the one actually who, he knew [names of roommates] and would come up just to visit a couple of times. He said well maybe you should go, would you go stay with them for a couple of days and figure out if you really need to leave. So he made the connection, which was good because I had no way to make that connection.” This kind of support was often received from professional supports. For example, several participants received referrals from staff at the shelter to specific professionals who could help them with their individual needs. Connections to other sources of support were essential to help participants address their needs.

Babysitting. Participants spoke about babysitting as a type of physical assistance for those with children. One participant discussed the importance of receiving this kind of support as a single parent. “They would sometimes take her [child] for the weekend to give me a breather. Because I was a single parent and I was working, sometimes you need to have that free day.” Other participants spoke about giving babysitting support to network members. Babysitting support was sometimes given to reciprocate other kinds of support provided by that network member. Explained one participant “He took me into his house and I would like watch his kids and stuff.” Babysitting support was an important type of physical assistance for participants with children and an opportunity to reciprocate support for participants without children.

Protection. Youth specifically discussed physical assistance in situations where they needed protection, specifically from bullying. Explained one participant “Like if I get bullied downtown or something she’ll just tell them to stop. She’ll help me out.” Participants both gave

and received support in these situations, offering behaviours such as verbally addressing bullies or physical confrontation. This support was important for youth, who described needing protection in their daily life.

Physical assistance involved many different kinds of supportive behaviours that aided with tangible needs. Homeless and vulnerably-housed women described common supportive behaviours from their dyadic partners, such as transportation to run errands, babysitting, support for physical limitations, distraction, and connections to other supports. Youth specifically discussed physical assistance with bullying. Participants gave physical assistance if they had the resources to do so, but mostly discussed receiving this type of support.

Social participation. Although included in the original structured coding, participants did not discuss social participation as a type of support. Instead, they suggested it was a strategy used to develop relationships, seek support and offer support to dyadic partners. All participants spoke about experiences of social participation, but in conjunction with another kind of support received or given in the same interaction. Although social participation was not required for support to occur, it facilitated support interactions. One participant gave an example of this, “Back in the shelter, sit back and relax and smoke. Everyone’s relaxed and you can talk to them.” Participants regularly engaged in social activities with other participants and used them as opportunities to foster closeness and support.

Housing support. Housing need was common in all participants. Although it closely overlaps with material aid and physical assistance categories, participants spoke specifically about their housing challenges distinctly from other types of support. It has therefore been included as a separate category.

Housing was the primary need of most participants and they had distinct experiences of receiving housing support compared to other types of support. Participants actively sought housing support from their dyadic partners and professional sources. For some participants, dyadic partners were able to help them with housing. Said one participant, “My grandmother helped my mom out with like getting us a place and stuff.” However, in most cases participants were not able to receive housing from their dyadic partners. Explained one participant about her dyadic partner “She wasn’t in a position where I could have stayed with her.” Participants often sought professional supports to address their housing needs.

Housing was closely related to material aid. Participants did not have the financial resources to afford permanent housing options and had to rely on professional supports to provide either material aid to afford housing or housing itself. Explained one participant,

At the same time, the reality is the society. I have no way of affording a place to live and I am not looking for much of a place you know. A small place, a room of my own. Yeah, a closet would be nice and a bed to sleep in.

However participants found resources provided by professional supports were insufficient to address their needs. Participants were completely dependent on support to find and maintain housing.

Participants who were vulnerably-housed experienced a different type of housing instability than those who were homeless. Some vulnerably-housed participants discussed their problematic housing conditions yet felt that they had no other housing options except to become homeless. Explained one participant,

They wanted me to leave for a while, because it's too tight but they are not at the same time, they are not cruel or mean and they don't want me out on the streets. So it's been very difficult for them.

One participant explained her past experience of choosing homelessness over her housing, "When I was pregnant, I was homeless a lot because my mom got into too many fights and I was always stressed out when I was pregnant so I couldn't be there [living with mother] anymore." In some cases, participants spoke of trading other types of support for housing. Said one participant, "He took me into his house and I would like watch his kinds and stuff." Although housing instability has unique challenges, many vulnerably-housed participants had a similar need for stable housing as homeless participants.

Although most networks were not able to provide permanent housing, many participants spoke about receiving temporary housing support from their networks. Friends or family members would take them in for a few nights, allowing them a break from their housing situations. Explained one participant, "...because whenever I have problems with my other, like my family and stuff like, I always have a place [dyadic partner's housing] to stay." Participants could not reciprocate housing support but many had provided housing support to their dyadic partners in the past.

Context. These sub-categories of giving and receiving support were also experienced within the overall influence of context. Context impacted participants' support needs as well as their available resources to provide support to their dyadic partners. It also influenced how the support exchange was perceived by participants.

Some types of support were connected to specific contextual factors. Most types of support were influenced by historical contexts. Participants spoke about how they had trusting

relationships built on past support experiences that they turned to for support in the present. Intimate interactions, advice and positive feedback were especially influenced by past experiences of support. Physical assistance was often influenced by the context of environment. The environment around participants impacted their need for help with different tasks, such as errands, babysitting, distractions, and connecting. For example, many participants spoke of needing transportation to appointments because of distance and the high costs of public transit. Several participants also mentioned how a temporary break from their environment was seen as supportive when that environment was stressful. In a similar way, material aid was influenced by the environment, such as through the available social assistance programs in their area. Context was at the forefront of discussions of giving and receiving support, with each participant describing contextual factors that influenced their experiences of each type of social support.

Summary. Social support was experienced as an exchange of giving and receiving support. These exchanges were governed by several qualities, suggesting that support should be reciprocated, there is a responsibility to support certain dyadic partners, and there is a finite amount of support that can be exhausted. Participants described five types of social support: intimate interactions, material aid, advice, positive feedback, and physical assistance. Each type of support addressed the various needs of participants and required specific resources in order to provide each kind of support. Contextual factors influenced each type of support, impacting the specific support needs of participants.

Outcomes

Strategies offering and eliciting support led to a support exchange, and produced outcomes for the individuals involved. Participants experienced both positive and negative outcomes from their support experiences. In some situations, participants experienced positive outcomes where

their needs were met through the interaction. However, negative outcomes were common and support was often insufficient to address participants' needs. These outcomes then became part of an individual's history and context, influencing future support interactions. The following section will review both types of outcomes as explained by homeless and vulnerably-housed women.

Positive outcomes. Social support experiences sometimes led to positive outcomes for both the support giver and support receiver. A positive outcome was experienced when individuals had their needs met through their social support experience. Participants described improvements in their lives and a reduction in their needs. Said one participant "I've got a worker from the [hospital] talking to me too. I am getting better. I feel a lot better." Participants also spoke of the improved trust and closeness in their relationships when support outcomes were positive. Explained one participant "And that was a huge surprise. I mean ever since then, we've gotten, I was shocked at how close we've gotten."

Participants also discussed how giving support to a dyadic partner improved their self-esteem and self-worth. The experience of giving support helped participants feel better about themselves. Said one participant "When I help someone and I see someone doing good and I try to help someone makes me feel better about myself. And I am not that bad after all." Positive experiences of giving support gave participants positive feedback in return, improving their self-esteem and encouraging them to continue supporting others. Participants were happy when they had positive experiences of social support and were more likely to ask or offer support again in the future.

Negative outcomes. Participants also experienced negative outcomes from social support exchanges. These negative outcomes extended from inadequate support to overt conflict. In

these situations, the support received was not helpful in addressing their needs. In some cases, the support received was inadequate to address specific needs, “Because the first place I went to was [organization] and they gave me a list of rooms and stuff. The average room is \$480 and I just get a little \$500 and something and I’m thinking okay...” Insufficient support left individuals with the same needs but fewer options to address that need. Explained one participant, “I went to talk to a psychiatrist at [hospital] once and it left me more confused as to who I was and I’m like ‘oh my god, like okay, this is confusing.’ So I am not going back there.” Participants also experienced inadequate support from non-professional sources. Explained one participant, “Because like my mom won’t necessarily listen to it and if she does listen to it, she’ll argue with it”.

In some support interactions, giving or receiving support turned into conflict with their dyadic partners. Conflict often arose when the support received was unhelpful or forced on them. Explained one participant “She was just getting frustrated and you know, like ‘What are you doing with your life?’ ” Other participants spoke about conflicts from offering support that was taken advantage of or rejected. For example, one participant explained. “I took her out of the shelter because she didn’t want to be there. And then she just started to steal from me. So we’re not talking.” Conflict was considered a negative outcome of support interactions.

Resolving this kind of conflict was challenging for participants. They reported having to decide if they needed the specific support provided by that individual and weigh the consequences if they chose not to accept it. For some individuals, the consequences of not resolving the conflict involved losing their housing. Explained one participant about conflict within her housing situation, “I am almost ready to leave but then again, I don’t really want to be on the streets anymore.” For some participants, they chose to remain in a conflictive situation,

experiencing negative outcomes while staying in their housing. For other participants, they made the opposite choice, preferring to live on the streets than continue to experience conflict in their daily lives. Explained one participant, “And she doesn’t know why I can’t live with her either. She just keeps saying ‘come live with me, come live with me.’ And I’m like ‘I can’t’, because I know it’s just going to make us pretty much hate each other again.” For all participants, the consequences of losing a source of support due to conflict were a significant consideration in how they chose to address the situation.

Almost all participants had experienced negative outcomes from support interactions and these outcomes had a lasting impact. Once experienced, social support outcomes became part of the individual’s context and influenced future interactions. For example, participants spoke about choosing not to ask specific network members for support if they had experienced negative outcomes in the past. As one participant explained “I have tried to confide in women and I find that women just talk. They use it against you. They backstab you. I never really found a true good friend in a woman.” Participants used their previous outcomes to determine who to seek support from and the strategies they used to elicit support. For some participants, this included choosing not to seek out professional supports due to past negative experiences with professional support providers. Many participants had generally negative views of seeking support from others due to their numerous past negative experiences. Said one participant “Because people will let you down. Nobody can really understand fully and nobody can really fully give you what you need.” Explained another participant “I just think everyone is shady now. I don’t really trust anybody really.” Experiencing negative outcomes from a social support interaction had long-term consequences for participants.

Summary. Experiences of support lead to positive or negative outcomes for both the support giver and the support receiver. Participants described positive experiences, where their needs were met and they felt connected to their network members. However, many support interactions resulted in negative outcomes such as insufficient support, criticism, and conflict. These experiences became part of the individual's context and had long-term impact on future support interactions.

Discussion

This study aimed to understand the social support experiences of vulnerably-housed and homeless women using qualitative methodologies. It explored how participants described their social support and social relationships. These findings were then used to create a model of social support, illustrating the different steps in social support interactions and how context influenced these experiences.

The Influence of Context on Social Support

Context was essential to understanding social support experiences in homeless and vulnerably-housed women. Context influenced all aspects of social support, impacting participants' need for support, the availability of support, and the strategies they used to elicit support. Williams et al. (2004) and Duck (1995) also suggest that social support is best defined within context. They argue that social support cannot be understood or theorized without considering the specific contexts in which it functions. However, few researchers have explicitly included context in their analyses of social support. By overlooking these contextual factors, the literature is missing key information that can explain how social support works and differences in social support experiences.

In this study, it was context that explained the social support differences between homeless and vulnerably-housed women. The differences in their housing situations impacted their need for support, the availability of support, and the strategies they used to elicit and offer support. Homeless women staying in shelters had more opportunities for support from both peers and professionals than vulnerably-housed women. Women living in supportive housing situations had some access to support through their housing; however, women in independent housing had to seek support outside their housing to address their needs. Other qualitative research has suggested that housing impacts social support (Curley, 2009; Klitzing, 2004b; Klodawsky, 2009).

Three types of context significantly impacted social support for homeless and vulnerably-housed women in this study: history, environment, and health. Each of these subcategories impacted the strategies participants chose, the exchange of support, and the outcomes of that exchange. Participants frequently referred to their past experiences of social support when they discussed their chosen strategies as well as with whom they exchanged support. Environment was especially important for homeless and vulnerably-housed women, whose experiences of social support were closely linked to their housing. Participants and their dyadic partners with mental health problems, physical health problems, and addictions experienced an increased need for support and limited ability to offer support to others. The social support literature has confirmed the negative impact of health problems on social support experiences (e.g. Isaksson, Skar & Lexell, 2005; Liu, Mok, & Wong, 2005).

Understanding context is necessary to understanding homeless and vulnerably-housed women's experiences of social support. Although this study is specific to a small group of homeless and vulnerably-housed women, the mention of context within other studies of social

support suggest that contextual factors may universally impact social support experiences. Consideration of context in future research can confirm its applicability to other populations.

Strategies for Support

Participants used various strategies to elicit support or offer support to their dyadic partners. Some participants chose overt strategies, actively asking or offering support to their dyadic partners. In other situations, participants used more subtle strategies, choosing specific behaviours or locations that convey their need or offer of support. These strategies are closely linked to context, with participants weighing the availability of support, their needs, and past experiences of support before choosing a strategy. Strategies have been indirectly discussed in previous social support literature; Williams and Mickelson, (2008) and Liu et al. (2005) both described support seeking behaviours that were influenced by contextual factors. However, these studies did not expand on these behaviours or how they were connected to social support.

Participants also discussed supporting themselves through difficulties. They used beliefs, philosophies, and positive thinking to motivate themselves through their challenges. These strategies are commonly discussed in cognitive therapy techniques (Dobson, 2010), but have yet to be considered in social support theory. This may suggest that social support theory may be overlooking the importance and impact of self support. However, within this context, it can also suggest that participants are adapting to the lack of support in their lives, preferring to rely on their own abilities than inadequate help from others. Further research considering self-support in different populations is needed to clarify these findings.

Exchanging Social Support

Participants described social support as an exchange of support between individuals, aligning with Antonucci's (1985) definition. Giving and receiving support were separate experiences but closely connected. Often participants both gave and received support within the same interaction. This is a new finding as the current qualitative literature on low-income groups focuses on the perspective of the support receiver, overlooking the experience of giving support (e.g. Averitt, 2003; Campbell-Grossman, Hudson, Keating-Lefler, & Flek, 2005). Participants described three principles that guided their understanding of support. These principles outlined the expectations that participants followed in their support exchanges. They offered expectations that individuals within an interaction could follow and also suggested appropriate behaviours for both individuals. First, support was expected to be reciprocated by the receiver, completing the exchange. Several previous studies have suggested that support is reciprocal (e.g. Antonucci, 1985; Li, Fok & Fung., 2011). Participants also felt a responsibility to support certain dyadic partners, particularly family members. A recent article also found that their participants felt a need to support their aging family members (Zeng et al., 2014). Finally, there is a limited amount of support to give and support was seen as a limited resource that was depleted over time. Several other studies in low-income populations have suggested that support sources can be exhausted (Ajrouch et al., 2010; Curley, 2009). These principles governed participants' expectations and behaviours within their support interactions.

This study supported five of the six types of support outlined by Barrera (1980). Each type of support met a different need and participants identified them as separate experiences of support. Descriptions of each type of social support were supported by previous research, although these specific classifications have yet to be examined together.

Intimate interactions. Intimate interactions were described as experiences of closeness, caring, and trust with dyadic partners. This category is similar to House's (1981) emotional support category. Descriptions of this kind of support aligned with the relational theory of social support (Leatham & Duck, 1990; Taylor et al., 1998; Gottlieb, 1985); participants discussed their intimate interactions through daily examples of interactions. They described feelings of mutual trust and closeness that were built over many interactions with the same dyadic partner. This exemplifies the relational theory of social support and gives evidence to support its use.

Material aid. Participants had a high need for material aid; however, many participants received inadequate material aid to address their needs. This is not surprising as housing challenges are closely linked to financial need. Many studies have found that homeless and vulnerably-housed women lacked the financial support to address their housing needs (Averitt, 2003; Campbell-Grossman et al., 2005; Shinn et al., 1991; Wesely & Wright, 2005).

Advice. Participants received and gave advice on all types of topics based on their needs and experiences. For many participants, they preferred to receive advice from professional sources and sought out this kind of support. This is contrary to other studies that have suggested individuals prefer informal sources of support to address their needs (Neighbors & Jackson, 1984; Unger & Powell, 1980). This preference for professional advice may be due to the unique nature of professional relationships and the formally recognized expertise of professionals. However, this is only speculation as participants did not elaborate on this preference.

Positive feedback. Participants described positive feedback as agreements, compliments, and statements of being a good person. Receiving these kinds of statements positively impacted participants and gave them a sense of feeling supported. Other research has suggested that positive feedback behaviours can increase self-esteem in individuals (Brown, 2014).

Physical assistance. Participants described several different types of behaviours that they experienced as physical assistance: transportation, babysitting, assistance for physical limitations, distraction, connections, and protection. These tangible-types of support are similar to House's (1981) instrumental support classification, yet they are specific to the types of needs that arise within experiences of poverty. Participants' contexts create situations where these particular types of physical assistance are needed. The current literature on instrumental support does not define the specific kinds of needs or behaviours included in this classification.

Social Participation. Social participation was not considered a type of social support by this population, but a strategy used to elicit support from others. Participants discussed using social activities as a way to offer or elicit support with their dyadic partners, conflicting with Barrera's classifications (1980). Social participation was closely connected to intimate interactions, where social activities allowed for building experiences of care and trust. This again exemplifies how strategies are an important tool to create opportunities to build social support.

Outcomes of Support

Participants experienced both negative and positive outcomes from their social support interactions. Participants experienced positive outcomes where their needs were met and they experienced increased feelings of trust and connection with their dyadic partners. However, participants reported mostly negative outcomes from their social support experiences. In many cases, they received inadequate support to address their needs but they also described experiences of judgement, criticism, and conflict. These kinds of behaviours have been described in the literature as negative support (Okun & Keith, 1998; Rook & Dooley, 1985; Walen & Lachman, 2000). These negative behaviours had detrimental and long-term consequences for participants, impacting their housing and future social support interactions. Previous literature

also found that that negative support impacted housing situations in low-income women (Shier et al., 2011; Wesely & Wright, 2005). These findings emphasize the importance of positive social support interactions for homeless and vulnerably-housed women in order to address their current and long-term support needs.

Limitations

Several limitations impacted this study. Although this study used random sampling, it recruited from Study One's sample, which recruited individuals from professional support services. This may have biased the sample as it focused on individuals who are already seeking professional support in select agencies.

Secondly, this study collected self-reported data from participants. Self-reports may be limited by recall abilities and potential inaccuracy of memories. Emotional and traumatic memories are especially prone to recall deficits and the nature of this research topic lent itself to discussions of emotional memories (Cheung, Garber, & Bryant, 2014; van Stegeran, Everaerd, Cahill, McGaugh, & Gooren, 1998). To minimize this limitation, the researcher asked for clarification throughout interviews, ensuring data collected was as accurate as possible.

The initial use of predetermined codes to examine social support may have also limited the findings. Using these codes to identify types of support may have overlooked other possible categorizations that may have also represented the data. However, these codes did not fit much of the data and coding switched to more open coding techniques. Also, the author was careful to ensure there were adequate results to back up each category and an "other" category was available throughout the coding process to allow for additional codes and categories to be identified.

Finally, this study was limited to one-on-one interviews for data collection. Other avenues of study such as focus groups and observational methods would provide additional information that could strengthen the findings or suggest new information about social support in this population.

Implications of Findings

This study gives insight into the social support experiences of homeless and vulnerably-housed women. Understanding their experiences and views of social support give researchers and service providers improved awareness and suggests new avenues for research and service provision.

Context was essential to understanding social support experiences for homeless and vulnerably-housed women. It influenced all aspects of support, including the strategies used and outcomes of the interaction. Future research needs to include context within its understanding of social support in order to accurately portray the experiences of its participants. Studies need to not only outline the context around participants, but also incorporate context into the analyses, taking into account the contextual factors that may be influencing the results.

Further research is also needed to understand the strategies used to elicit and offer social support. New studies could consider how strategies are chosen and the factors that influence these choices. Understanding these strategies may also provide further insight into how they link to the exchange of support and subsequent outcomes.

With a new model of social support, further research is needed to test this model with similar populations. The transferability of these findings are limited due to the influence of context on social support. However, this model can be compared and contrasted with other low-

income groups to identify what aspects of social support are universal and which ones are unique to each context. Testing this model with other groups of women as well as men may also highlight the gender-specific experiences of social support.

These findings confirm that there is a lack of adequate support to address the basic needs of homeless and vulnerably-housed women. Service providers working with these populations can use this information to assess and improve their programming. Changes to current support programs and regulations may help to ensure the basic needs of homeless and vulnerably-housed women are being met.

CHAPTER 4: GENERAL DISCUSSION

General Discussion

Two studies considered how homeless and vulnerably-housed women experience social support. One study used quantitative methods, comparing homeless and vulnerably-housed women on their social network characteristics and global social support. The second study used a qualitative perspective, exploring how homeless and vulnerably-housed women discuss their social support experiences. Both studies provide new insight into social support theory, methodologies, and a greater understanding of homeless and vulnerably-housed women's social relationships. This chapter will compare the findings between the two studies and offer applications for this new knowledge.

Social Support Theory

As outlined in the first chapter, there are two perspectives that govern social support research; the first is a behavioural perspective, defining social support by specific behaviours that convey support (Lakey & Cohen, 2000). This is the most common perspective and has informed many measures of social support. Study One used a behavioural perspective, comparing vulnerably-housed and homeless women. This approach allowed for the enumeration of social support and social networks, highlighting the similarities and differences between the two samples. However, this approach was not able to explain its findings or comment on the experience of social support for homeless and vulnerably-housed women.

The second perspective takes a relational view, suggesting that social support is a shared understanding built through multiple interactions (Leatham & Duck, 1990). Using this perspective, study two used a qualitative approach and allowed participants to define and describe their own experiences of social support. Participants described a relational perspective of support that is directly impacted by context. Intimate interactions best exemplified this

perspective, with participants highlighting how interactions with their dyadic partners created a mutual experience of support, care, and trust. This closely aligned with Leatham and Duck's (1990) description of building social support.

Participants also described how their contexts directly impacted their social support, again offering support for Duck's (1995) theory. Homeless and vulnerably-housed women identified how their histories, environments, and health impacted the strategies they used to offer or elicit support and their appraisal of their supportive interactions. In particular, their differing housing situations impacted the availability and access to social support, and shaped their relationships. It is through examining these contexts that social support is best understood.

A novel contribution of this study to social support theory was the identification of strategies used to offer or elicit support. These strategies offer information to dyadic partners about their ability to provide support or their need for support. Strategies are an important way to communicate support need or availability to others. However, the use of strategies have yet to be explored in other contexts and populations and may not apply in all situations.

Methodological Comparisons

One of the aims of this research was to compare qualitative and quantitative approaches to understanding social support. Both methodologies revealed new information about social support and social networks in homeless and vulnerably-housed women. However, the qualitative methodologies provided a more comprehensive understanding of these concepts, offering key information about social support and how it is given and received within context.

Study One used quantitative methodologies, examining social support and social networks through popular measures of social support. It allowed for the enumeration of social network

characteristics, social support network characteristics, and statistical comparisons between homeless and vulnerably-housed groups. It found key differences between social networks and social support networks, highlighting their distinct measurement and connection to social support. Study One also reported differences in homeless and vulnerably-housed groups; however, it was not able to explain why these differences exist.

Study Two used a qualitative approach that allowed for a more open exploration of social support. It gave participants the opportunity to describe their own perceptions and definitions of this construct. These qualitative findings showed key aspects of social support that were missed in the quantitative measures. First, participants identified contextual influences that impacted their social support interactions. These factors not only influenced the interaction itself but also the strategies and outcomes of the interaction. Secondly, this approach identified other aspects of an interaction beyond the social support exchange; it identified strategies that participants used to offer and elicit social support with their dyadic partners as well as the positive and negative outcomes experienced from the interaction. These aspects of social support were overlooked in the quantitative methodologies. Using a qualitative method allowed for a more comprehensive perspective of social support and the development of an illustrative model.

It was Study Two's qualitative approach that revealed participants' experiences of negative support. Although Study One asked participants to identify the number of individuals they had negative interactions with, it found that that the average number of individuals listed was no different than the other types of social support in the same measure. In comparison, Study Two asked individuals to give an example of a conflict they had experienced. Study Two found that negative interactions were commonplace in both homeless and vulnerably-housed women. Participants described negative interactions as part of the outcomes of support. Negative support

resulted from the interaction rather than being a separate experience. Study Two also determined that these negative outcomes could range from insufficient support to criticism, judgment, and conflictive behaviours. In this instance, the quantitative methods were not able to detect statistical differences in negative interactions but the qualitative methods identified negative support as a significant part of this sample's experiences.

However, the quantitative and qualitative methods complimented each other in their understanding of group differences. Study One found that vulnerably-housed women reported smaller social support networks than homeless women; Study Two found that these differences were due to differences in housing contexts. Homeless women were able to access support directly through the shelters, having professional and friend supports available within the same building. In comparison, vulnerably-housed women living in independent housing reported isolation within their housing, having to make an effort to connect with outside sources of support. When examining group differences, Study One was able to identify the difference and Study Two was able to explain why there was a difference.

In summary, qualitative methods offered a comprehensive understanding of social support experiences in homeless and vulnerably-housed women. They provided insight into both the conceptual understanding of social support and also the specific housing and gendered experiences of social support. Although quantitative methods provided some understanding of group differences, the current measures failed to capture all facets of social support. The qualitative approach allowed participants to describe their experiences of social support from their unique perspectives.

Understanding Social Relationships in Homeless and Vulnerably-Housed Women

Homeless and vulnerably-housed women described their unique experiences of social support through this research. For this sample, housing contexts directly impacted their social support experiences. Women living in emergency shelters had access to social support through their housing location, facilitating interactions with professionals and friends. Supportive housing locations provided similar support opportunities with professional services on-site and multiple women to meet. However, women living in independent housing did not have the same access to social support and had to seek interactions outside their housing. For many women, this left them isolated and disconnected from their communities. Knowing these housing differences provides new insight into the accessibility of social support for women and highlights gaps in service provision.

Participants also described the strategies they used to offer and elicit support from their dyadic partners. Participants had many significant needs that required support from others. They were actively involved in seeking support and openly asked for support to address their needs. However, these needs were not often met. Participants described many experiences of inadequate support or negative support from their interactions. Although they were actively looking for social support to address their needs, homeless and vulnerably-housed women often received inadequate support. Their dyadic partners not only failed to address the need, but the negative outcomes of the experience also became part of their contextual understanding of social support and impacted future social support interactions. These negative interactions contributed to dysfunctional and unhealthy relationships, creating a cycle of negative support. Homeless and vulnerably-housed women need more positive support interactions in order to counteract this

effect and create more positive and supportive relationships. These important findings offer new insight into the daily experiences of homeless and vulnerably-housed women.

Conclusions

Overall, vulnerably-housed and homeless women are actively seeking support to address their many needs but are receiving inadequate support in return. They are using strategies to elicit support from professionals, friends, and family, but these interactions are failing to meet their needs. This is further exasperated by their housing contexts, which influences the access and availability of support. The lack of positive social support further marginalizes homeless and vulnerably-housed women and retains their impoverished situations. They need positive social support experiences and healthy social relationships to increase their sense of connection and address their basic needs.

Implications of the Findings

Implications for Further Research

This research identified new aspects of social support that require further exploration. Study One found a measurable difference between social networks and social support networks. Although social networks are more commonly measured, social support networks provide a numeration specifically of supportive individuals and are more closely connected to social support. Understanding these differences allows future research to differentiate between networks and provides further insight into how they relate to social support.

Study Two also acknowledged the use of strategies in the process of a social support interaction. Strategies offer a new perspective on social support, suggesting that homeless and vulnerably-housed women are actively pursuing or offering social support. As this is a novel

finding, further research is needed to explore strategies in more detail, understanding the kinds of strategies used in different situations and how they connect to social support. Strategies also need to be explored in other populations to determine if they are specific to vulnerably-housed and homeless women or if they fit into a more general understanding of social support.

These studies provide evidence for a contextual understanding of social support. Although context has been explored in previous research, the majority of the literature fails to account for context in their understanding of social support. Context adds complexity to the understanding of social support and multiple layers of contextual information can influence an interaction. This thesis shows further evidence that social support is best understood within context. Future research on social support needs to understand the contextual basis in which participants experience their supportive interactions.

There are further avenues of study specifically within homeless and vulnerably-housed populations. There is a need for exploration of the structural factors that may limit opportunities and experiences of social support. For example, cycles of poverty and their implications for daily life may influence how social support interactions are experienced and perceived. Also, experiences of trauma and victimizations were connected to social support interactions by participants but not explored in this study. These topics may provide further information about low-income populations and how their unique experiences are linked to social support.

Social support is a complex construct that has many definitions and theories. Previous studies have used behavioural approaches to social support to operationally define and measure the construct. Yet these studies showed that the behavioural approach offers an incomplete understanding of social support in homeless and vulnerably-housed women. There is a need to

address the current operational definitions of social support and explore alternative ways to operationally define and measure this complex construct.

Implications for Service Provision

These findings also have implications for local service provision. Both Study One and Study Two identified the isolation of vulnerably-housed women. Study One reported that vulnerably-housed women had smaller social support networks than the homeless sample. Study Two highlighted how their independent housing situations lacked the built-in social support found in the emergency shelters. The transition to housing provides a change in environmental context, which offers an opportunity to build new relationships but can also leave women feeling isolated in their new environment. Vulnerably-housed women need ways in which they can connect and integrate into their communities. Service providers can help women through the transition to housing, offering guidance and opportunities to connect to sources of support within their new communities.

Participants also highlighted the many negative experiences of social support they encountered in their daily lives. These negative experiences have become part of their contexts, influencing their future experiences of social support. Vulnerably-housed and homeless women are in need of positive social support experiences, where they are validated and their needs are met. Service providers can offer workshops and programming on healthy relationships. These programs would help women learn how to build healthy and supportive relationships and increase their experiences of positive social support outcomes.

Personal Reflection

Having conducted research with homeless populations for several years, I was familiar with hearing stories of street life. Going into these interviews, I had expected to hear stories of difficulties, challenges, and hurt from their interactions with others. What I did not expect was the positive stories that each participant shared. They described the people they cared about and those that cared about them. They spoke about moments of joy and happiness when they were able to connect with others and give support to others. They described experiences of hope and encouragement when they received support from others. Each participant had at least one positive story of social connection, and those positive experiences were palpable. Because of these encouraging stories, there was a positive spin on the interview process and I often felt that participants walked away with positive feelings.

However, I heard just as many stories of hurt. Participants described everything from inadequate support experiences to judgement, conflict, and violence. These stories were challenging to listen to and I had to personally work through feelings of anger and sadness in reaction to what I had heard. It was obvious that these women had long histories of dysfunctional relationships that had tarnished their experiences of social support. Participants also experienced conflicting emotions about these relationships. On the one hand, they showed obvious anger and frustration with negative support experiences. However, some admitted to choosing to remain connected to individuals that were causing conflict and hurt in their lives. It was only through the larger goal that this research can have a positive long-term impact on programming and support services for these women that I was able to come to terms with my reactions to these stories.

During the qualitative coding process, it was very easy to connect the stories I was hearing to my own experiences of social support. The stories and emotions they shared were relatable to

my own and this helped with reducing the inequalities in researcher-participant interactions. However, this made analysis more difficult as I tried to keep my experiences separate from the coding process. It was a challenge to make sure that codes were accurately reflecting the participants and not my own related experiences. Throughout the analysis, I worked at separating my own experiences with those of the participants by continually verifying my findings with transcripts of the interviews. Despite this challenge, I feel that these results accurately reflect the experiences of the women I interviewed.

Social support is something that all humans experience in their lifetime. Hearing these stories helped me connect to my participants and better understand their experiences of homelessness and housing vulnerability. Although many stories were challenging to hear, there were also positive stories of caring and encouragement during supportive interactions. It is my hope that these studies will promote further inquiry into the long-term impact of social relationship experiences and compel organizations working with homeless and vulnerably-housed women to provide opportunities for positive social relationships.

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Appendix A

Descriptions of Recruitment Locations

Emergency Shelters

Evelyn Horne Young Women's Shelter (Youth Services Bureau). This program offers emergency and transitional housing to young women ages 12 to 21. The emergency shelter provides basic needs and support referrals to address each individual's needs. The transitional supportive housing provides semi-independent living for young women who can stay for up to a year while working on their personal goals (Youth Services Bureau, 2014).

Hope Outreach (Shepherds of Good Hope). Shepherds of Good Hope is a non-profit organization dedicated to meeting the needs of homeless and impoverished individuals in Ottawa. It provides services to approximately 1600 people a day, offering housing, basic needs, health services, and a variety of other support services. This program provides 60 emergency shelter beds for women experiencing homelessness. They offer a safe place for women and transgendered individuals over the age of 18 to access medical, mental health, and life skills services (Shepherds of Good Hope, 2014).

Women's Shelter (Cornerstone Housing for Women). Cornerstone Housing for Women is a non-profit organization that provides housing and services to homeless women. This location provides emergency shelter for up to 61 women. Services aim to support women in their search for affordable and permanent housing in the community (Cornerstone Housing for Women, 2013).

Supportive Housing

314 Booth St Supportive Housing (Cornerstone Housing for Women). This supportive housing location offers 42 independent apartments to women in need of affordable housing. Twenty of these apartments are reserved for senior women. On-site services provide comprehensive health care supports, meals, recreational activities, spiritual care, and computer training (Cornerstone Housing for Women, 2013).

515 MacLaren St. Supportive Housing (Cornerstone Housing for Women). This location provides supportive housing to 20 women in need of affordable housing. Accommodations include individual rooms with shared common spaces. On-site staff provide support that includes assistance with goal planning and recreational activities (Cornerstone Housing for Women, 2013).

Brigid's Place. Brigid's Place offers low-barrier supportive housing for chronically homeless women with concurrent mental illness and addiction challenges. This program provides 11 single-occupancy rooms and 24-hour staffing using harm reduction and health promotion philosophies (Shepherds of Good Hope, 2014).

Drop-in Centers

Cactus Youth Drop-in and Resource Centre (Operation Come Home). Operation Come Home is a support center for at risk youth ages 16 and over. They provide social, educational, and employment services to support youth in achieving their individual life goals and dreams (Operation Come Home, 2013).

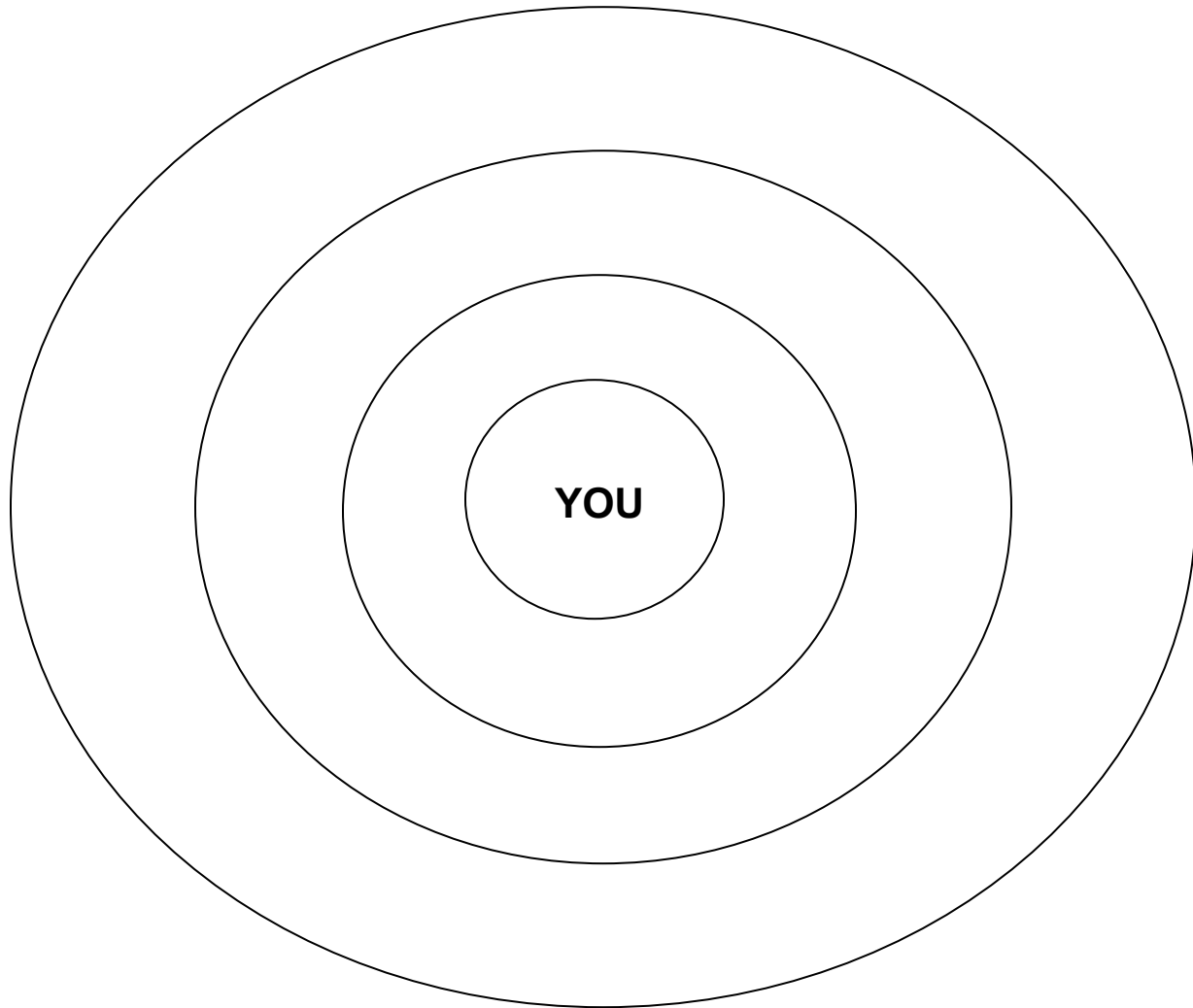
St. Joe's Women's Centre. This drop-in centre provides social and education programs to women in a non-judgemental atmosphere. They offer basic needs for women and children, social and recreational workshops, supportive counselling, and referrals (St. Joe's Women's Centre, 2014).

The Well. The Well is a women's drop-in centre and day program that provides a variety of supports and services to women. They offer basic needs, resource supports, recreational programs, and outreach services (provided by partner agencies) (The Well, 2014).

Appendix B

Study One Interview Guide

I. Hierarchical Mapping Technique¹



Interviewer will show this diagram to participant.

¹ From "Hierarchical Mapping Technique" by T. Antonucci, 1986, *Generations*, p. 10. Adapted with permission.

² From "A method for the assessment of social networks in community survey research" by M. Barrera Jr.,

1. I want to ask you some questions about people who are important in your life right now. To get it straight, I'm going to ask you to use that diagram to help draw a picture of your personal network. Think about a picture with you in the middle and three circles around you---kind of like a bull's-eye. Think of the people closest to you, the people who are most important to you. I'm going to ask you to put them into three groups, one group for each of the three circles in order of how much they mean to you. There is no need to put down everyone you know. Circles can be empty, full, or anywhere in between.

2. Using the diagram, please tell me the first name, initials, or nickname of those people who you feel close to and who are important to you in each of the three circles, in order of how much they mean to you.
 - a. Beginning with the people you feel closest to, is there any one person or persons that you feel so close to that it's hard to imagine life without them? Those people would go in the first circle.
 - b. Are there people to whom you may not feel quite that close, but who are still very important to you? Those people would go in the second circle.
 - c. Are there people whom you haven't already mentioned who are close enough and important enough in your life that they should also be placed in your diagram? Those people would go in the third circle.

3. *For each individual named:*
 - a. What type of relationship do you have with this person? Are they a friend, family member, co-worker, romantic partner, professional, etc?
 - b. Is this person homeless?

- c. How long have you known them?
- d. How far away does this person live?
- e. How often do you interact with this person? – Once a month, once a week, every day, once a year, etc.?
- f. What activities do you participate in with this person?

II. Arizona Social Support Interview Schedule²

Note: interviewer instructions are enclosed within parentheses. Responses should be recorded on ASSIS answer sheets.

(Read to subject): In the next few minutes I would like to get an idea of the people who are important to you in a number of different ways. I will be reading descriptions of ways that people are often important to us. After I read each description, I will be asking you to give me the first names, the initials, or nicknames of the people who fit the description. These people might be friends, family members, teachers, priests, ministers, doctors, or other people who you might know.

If you have any questions about the descriptions I have read, please ask me to try to make it clearer.

A. Intimate Interaction

A1. If you wanted to talk to someone about the things that are very personal and private, who would you talk to? Give me the first names, initials, or nicknames of people who you would talk to about things are very personal and private. (If the subject is unable to name a single person,

² From “A method for the assessment of social networks in community survey research” by M. Barrera Jr., *Connections*, 3, 8-13. Reprinted with permission.

go to A4). (If the subject names one or more people, probe for any additional names by asking: is there anyone else you can think of?)

A2. During the last month, which of these people did you actually talk to about things that were personal and private? (Inquire about people who were listed in response to A1, but who were not listed in response to A2.)

A3. How would you rate your satisfaction or dissatisfaction with the times you talked to people about your personal and private feelings during the past month? Look at this card (shows satisfaction card) and tell me which number best describes your rating. (Record a number 1-7 on the answer sheet.)

A4. During the past month, how much do you think you needed people to talk to about things that were very personal and private? Look at this card (show need card) and tell me which number best describes your need. (Record number 1-5 on answer sheet.)

B. Material aid

B1. If you needed to borrow \$25 or something valuable, who are the people you know who would loan or give you \$25 or more, or would give you something (a physical object) that was valuable? You can name some of the same people that you named before if they fit this description, or you can name some other people. (If the subject is unable to name a single person, go to B4.) (If the subject names one or more people, probe for any additional names by asking: is there anyone else you can think of?)

B2. During the past month, which of these people actually loaned or gave you some money over \$25 or gave or loaned you some valuable object that you needed? (Inquire about people who were listed in response to B1 but who were not listed in response to B2.)

B3. During the past month, how satisfied or dissatisfied were you with the things that people loaned or gave to you? (Show satisfaction card; record response on answer sheet.)

B4. During the past month, how much you think you needed people who could loan or give you things that you needed? (Show need card; record response on answer sheet.)

C. Advice

C1. Who would you go to if a situation came up when you needed some advice? Remember, you can name some of the same people who you mentioned before, or you can name some new people. (If the subject is unable to name a single person, go to C4.) (If the subject names one or more people, probe for any additional names by asking: Is there anyone else?)

C2. During the past month, which of these people actually gave you some important advice? (Inquire about people who were listed in response to C1, but who were not listed in response to C2.)

C3. During the past month, how satisfied or dissatisfied were you with the advice that you were given? (Show satisfaction card; record response on answer sheet.)

C4. During the past month, how much you think you needed to get advice? (Show need card; record response on answer sheet.)

D. Positive feedback

D1. Who were the people who you could expect to let you know when they like your ideas or the things that you do? They might be people you mentioned before or new people. (If the subject is unable to name a single person, go to D4.) (If the subject names one or more people probe for any additional names by asking: Is there anyone else?)

D2. During the past month, which of these people actually let you know that they liked your ideas or the things that you did? (Inquire about people who were listed in response to D1, but who were not listed in response to D2.)

D3. During the past month, how satisfied or dissatisfied were you with the times that people told you that they liked your ideas or the things that you did? (Show satisfaction card; record response on answer sheet.)

D4. During the past month, how much you think you needed to have people let you know when they liked your ideas or the things that you did? (Show need card; record response on answer sheet.)

E. Physical assistance

E1. Who are the people who you could call on to give up some of their time and energy to help to take care of something that you needed to do--things like driving you someplace you needed to go, helping you do some work around the house, going to the store for you, and things like that? Remember, you might have listed these people before or they could be new names. (If the subject is unable to name a single person, go to E4.) (If the subject names one or more people, probe for any additional names by asking: Is there anyone else?)

E2. During the past month which of these people actually pitched in to help you do things that you needed some help with? (Inquire about people who were listed in response to E1, but who were not listed in response to E2.)

E3. During the past month, how satisfied or dissatisfied were you with the help you received in doing these things that you needed to do? (Show satisfaction card; record response on answer sheet.)

E4. During the past month, how much did you feel you needed people who would pitch in to help you do things? (Show need card; record response on answer sheet.)

F. Social participation

F1. Who are the people who you could get together with to have fun or to relax? These could be new names or ones you've listed before. (If the subject is unable to name a single person, go to F4.) (If the subject names one or more people, probe for any additional names by asking: Is there anyone else?)

F2. During the past month, which of these people did you actually get together with to have fun or to relax? (Inquire about people who were listed in response to F1, but who were not listed in response to F2.)

F3. During the past month how satisfied or dissatisfied were you with the times that you got together with people just have fun and relax? (Show satisfaction card; record response on answer sheet.)

F4. How much do you think that you needed to get together with other people for fun and relaxation during the past month? (Show need card; record response on answer sheet.)

G. Negative interactions

G1. Who are the people who you can expect to have some unpleasant disagreements with or people who you can expect to make you angry and upset? These could be new names or names you listed before. (If no one is identified, go to H.)

G2. During the past month, which these people actually had some unpleasant disagreements with you or actually made you angry and upset? (Inquire about people who were listed in response to G1, but who were not listed in response to G2.)

H. Personal characteristics of network members.

Now I would like to get some information about the people you have just listed. (For each person on the list). Could you tell me:

Ha. What is this person's relationship to you?

Hb. How old is this person?

Hc. What is this person's sex?

Hd. What is this person's race/ethnicity?

III. Multidimensional Scale of Perceived Social Support³

Instructions: We are interested in how you feel about the following statements. Listen to each statement carefully and indicate how you feel about each statement by stating a number

“1” if you Very Strongly Disagree

“2” if you Strongly Disagree

“3” if you Mildly Disagree

³ From “Multidimensional Scale of Perceived Social Support” by G.D. Zimet, N.W. Dahlem, S.G. Zimet, and G.K. Farley, *Journal of Personality Assessment*, 52, p. 35. Reprinted with permission.

“4” if you are Neutral

“5” if you Mildly Agree

“6” if you Strongly Agree

“7” if you Very Strongly Agree

- | | |
|---|-------------------|
| 1. There is a special person who is around when I am in need. | 1 2 3 4 5 6 7 SO |
| 2. There is a special person with whom I can share my joys and sorrows. | 1 2 3 4 5 6 7 SO |
| 3. My family really tries to help me. | 1 2 3 4 5 6 7 Fam |
| 4. I get the emotional help and support I need from my family. | 1 2 3 4 5 6 7 Fam |
| 5. I have a special person who is a real source of comfort to me. | 1 2 3 4 5 6 7 SO |
| 6. My friends really try to help me. | 1 2 3 4 5 6 7 Fri |
| 7. I can count on my friends when things go wrong. | 1 2 3 4 5 6 7 Fri |
| 8. I can talk about my problems with my family. | 1 2 3 4 5 6 7 Fam |
| 9. I have friends with whom I can share my joys and sorrows. | 1 2 3 4 5 6 7 Fri |
| 10. There is a special person in my life who cares about my feelings. | 1 2 3 4 5 6 7 SO |
| 11. My family is willing to help me make decisions. | 1 2 3 4 5 6 7 Fam |
| 12. I can talk about my problems with my friends. | 1 2 3 4 5 6 7 Fri |

The items tended to divide into factor groups relating to the source of the social support, namely family (Fam), friends (Fri) or significant other (SO).

IV. Demographic Questions

1. What is your current age? _____
2. What is your race/ethnicity? _____
3. Where were you born? _____
4. What is your level of education?
 - a. Highest grade completed: _____
 - b. Post-secondary education completed: _____
5. Are you currently employed? _____
6. Do you have children? _____
 - a. Ages of children
 - i. _____
 - ii. _____
 - iii. _____
 - iv. _____
 - v. _____
 - b. Do(es) the child(ren) live with you? _____
 - i. If so, which ones? (circle)
 - ii. If the child is under 18 and does not live with you, why not? _____
7. What is your marital status? _____
8. Current housing status
 - a. Homeless? _____
 - b. Vulnerably-housed? _____
9. How long have you been homeless/vulnerably-housed?
10. How many times have you been homeless? _____
11. What was your age the first time you experienced homelessness? _____
12. Do you have a diagnosed physical health problem? _____
13. Do you have a diagnosed mental health problem? _____

This is the end of the study. Is there any other information you would like to add that I didn't ask you about? Do you have any questions about the study or what I asked you?

Appendix C

Inter-Item Correlation Matrices

Table C1: Correlation Matrix of Satisfaction with Support

Scale	1	2	3	4	5	6
1. Satisfaction with Intimate Interactions						
2. Satisfaction with Material Aid	-.02					
3. Satisfaction with Advice	.36	.04				
4. Satisfaction with Positive Feedback	.21	.07	.31			
5. Satisfaction with Physical Assistance	.01	.06	.07	.19		
6. Satisfaction with Social Participation	.18	.27	.13	.05	.33	

Table C2: Correlation Matrix of Need for Support

Scale	1	2	3	4	5	6
1. Need for Intimate Interactions						
2. Need for Material Aid	.14					
3. Need for Advice	.60	.19				
4. Need for Positive Feedback	.47	.14	.61			
5. Need for Physical Assistance	.23	.01	.20	.33		
6. Need for Social Participation	.42	.09	.35	.42	.15	

Table C3: Correlation Matrix of MSPSS

	1	2	3	4	5	6	7	8	9	10	11	12
1. Question 1												
2. Question 2	.62											
3. Question 3	.16	.15										
4. Question 4	.23	.22	.84									
5. Question 5	.64	.63	.12	.24								
6. Question 6	.46	.46	.10	.17	.49							
7. Question 7	.45	.32	.08	.16	.48	.82						
8. Question 8	.25	.20	.75	.88	.16	.11	.11					
9. Question 9	.50	.40	.15	.10	.41	.69	.70	.06				
10. Question 10	.60	.65	.10	.20	.74	.50	.44	.18	.47			
11. Question 11	.20	.23	.81	.80	.19	.13	.16	.79	.15	.17		
12. Question 12	.44	.47	.08	.11	.48	.67	.67	.10	.76	.51	.14	

Appendix D

Table D: Group Comparisons of the ASSIS Satisfaction with Support and Need for Support

Variable	Total (N = 93)	Homeless (n = 49)	Vulnerably-housed (n = 44)	<i>t</i>	<i>p</i> value	95% CI	<i>d</i>
Satisfaction with Intimate Interactions	6.0 Satisfied	5.9 Somewhat Satisfied	6.1 Satisfied	-0.84	.404	(0.00, 0.59)	-0.18
Satisfaction with Material Aid	6.2 Satisfied	6.4 Satisfied	6.0 Satisfied	1.73	.088	(-0.05, 0.79)	0.37
Satisfaction with Advice	6.0 Satisfied	6.1 Satisfied	5.9 Somewhat Satisfied	0.51	.614	(-0.30, 0.52)	0.11
Satisfaction with Positive Feedback	6.2 Satisfied	6.2 Satisfied	6.2 Satisfied	-0.24	.812	(0.00, 0.33)	-0.05
Satisfaction with Physical Assistance	6.3 Satisfied	6.3 Satisfied	6.3 Satisfied	0.04	.970	(-0.33, 0.34)	0.01
Satisfaction with Social Participation	6.4 Satisfied	6.5 Satisfied	6.4 Satisfied	0.49	.625	(-0.31, 0.52)	0.10
Need for Intimate Interactions	3.2 Moderate Need	3.5 Moderate Need	2.9 Slight Need	1.70	.094	(-0.05, 0.84)	0.42
Need for Material Aid	2.3 Slight Need	2.3 Slight Need	2.3 Slight Need	0.21	.834	(-0.37, 0.46)	0.04
Need for Advice	3.1 Moderate Need	3.2 Moderate Need	3.1 Moderate Need	0.21	.831	(-0.36, 0.45)	0.04
Need for Positive Feedback	3.2 Moderate Need	3.8 Moderate Need	2.6 Slight Need	3.43*	.001*	(0.30, 1.16)	0.72
Need for Physical Assistance	2.3 Slight Need	2.4 Slight Need	2.2 Slight Need	0.62	.540	(-0.28, 0.54)	0.13
Need for Social Participation	3.6 Moderate Need	4.0 Great Need	3.1 Moderate Need	2.74*	.008*	(0.15, 1.01)	0.58

* $p < .05$

Appendix E

Correlation Matrices for Linear Regressions

Table E1: Correlation Matrix for the Linear Regression Predicting Global Social Support Scores by Demographic Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Global Social Support														
2. Housing Status	-.13													
3. Age	-.11	.10												
4. Ethnicity Aboriginal vs. Caucasian	.06	-.11	.16											
5. Ethnicity Black vs. Caucasian	.01	-.18	-.30	-.20										
6. Ethnicity Other vs. Caucasian	.02	.17	-.22	-.16	-.07									
7. Marital Status Married vs. Single	.27	-.09	.05	.07	-.10	-.09								
8. Marital Status Divorced/Widowed vs. Single	.13	.05	.45	.05	-.15	-.02	-.20							
9. Education Completed vs. Not Completed High School	-.16	.02	.14	.05	-.09	-.08	.01	.02						
10. Education Postsecondary vs. Not Completed High School	.16	.04	.29	-.12	-.01	-.06	.06	.16	-.20					
11. Children	.09	.10	.45	.24	-.28	-.20	.23	.31	.19	.09				
12. Homeless Episodes	-.14	-.04	.04	.08	.01	.01	-.04	.15	.06	-.11	.08			
13. Physical Health Problems	-.07	.27	.27	.05	-.10	-.20	-.03	.30	.05	.01	.22	.06		
14. Mental Health Problems	-.16	.08	.05	-.00	-.16	-.08	-.14	.28	.12	.10	-.14	.11	.33	

Table E2: Correlation Matrix for Linear Regression Predicting Global Social Support Scores by Social Network and Social Support Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Global Social Support													
2. Housing Status	-.13												
3. Social Network Size	.13	-.09											
4. Length of Time Knowing Network	.10	-.02	-.10										
5. Total Support Network Size	.48	-.22	.37	-.07									
6. Need for Support	.06	-.21	.33	-.03	.21								
7. Satisfaction with Support	.20	-.05	.10	.04	.18	-.09							
8. Face to Face Contact Monthly vs. Daily	-.10	.15	.21	-.07	.10	-.07	.13						
9. Face to Face Contact Yearly vs. Daily	.05	-.20	-.07	.43	-.06	.06	-.18	-.56					
10. Overall Contact Monthly vs. Daily	-.13	-.12	-.11	.36	-.28	.01	-.30	-.35	.67				
11. Overall Contact Yearly vs. Daily	-.13	.11	.27	-.00	.25	.05	.12	.67	-.24	-.36			
12. Proximity to Network Nearby vs. in Ottawa	.03	-.04	.01	.21	.03	.00	.05	.06	.16	.07	-.01		
13. Proximity to Network Elsewhere vs. in Ottawa	.14	-.12	-.04	.37	-.04	-.18	.12	-.28	.58	.33	-.15	-.14	

Appendix F

Study Two Interview Guide

A. *Complete Map of Social networks using Hierarchical Mapping Technique*

(See Appendix B)

B. *For Each Network member Identified, ask the following Questions:*

1. Tell me about this person.
 - a. Is this person a friend, family member or professional?
 - b. Is this person homeless?
 - c. How old is this person?
2. Tell me about when you met this person.
 - a. Where did you meet them?
 - b. Why did you decide to continue the relationship?
3. How often do you see this person?
 - a. How far away from you does this person live?
4. What types of activities do you spend time doing with this person?
5. Tell me about the last time you saw this person
 - a. What were you doing?
 - b. What did you talk about?
 - c. Did you have a disagreement?
6. What do you like most about this person?
 - a. How important is this relationship to you?
7. Do you find this person supportive? Do you provide support to this person?

- a. What kind of support do you receive from/give to this person?
 - b. Give me an example of a time you received (gave) support to this person
 - c. What happened?
 - d. Why did you decide to give/ask for support?
 - e. How did it turn out?
 - i. Was the support helpful?
 - ii. Were there any negative consequences to your actions?
 - iii. Did it change your relationship?
8. Describe a recent disagreement you had with this person.
- i. How did you feel about it?
 - ii. What did you do to address it?
 - iii. How did it impact your relationship?
- b. How often do you have disagreements like this?

Repeat questions for all identified network members

C. General Questions

1. What does it mean to be supported?
 2. What does it mean to provide support?
 3. Describe a significant moment in a social relationship you have.
 - a. what makes this moment significant
 4. Are there times when you seek support from different people?
 - a. can you give me an example?
- b. Why did you select that person in the situation to provide support?

c. If something changed in the situation, would you still approach the same person for support?

D. *Complete rest of Study One Measures: ASSIS, MSPSS, and Demographic Questions (See Appendix B).*