



Micah Projects

Submission to the Community Support and Services Committee

MICAH PROJECTS



**Breaking Social Isolation
Building Community**

Micah Projects values the opportunity to provide a submission to the Queensland Parliamentary Inquiry into Social Isolation and Loneliness highlighting the interplay between homelessness, domestic violence, and social isolation and loneliness.

Who we are

Micah Projects is a community based, not-for-profit organisation with a vision to create social justice and respond to injustice at the personal, social, and structural levels in church, government, business and society. We believe every child and adult has the right to a home, an income, healthcare, education, safety, dignity and connection with their community of choice.

We work to break down barriers that exclude people from housing, healthcare, employment and meaningful connections, and to give people a voice. We assist and support each individual or family including children, to resolve crisis, break social isolation, have a home, access health and community services, and build community.

Micah Projects provides a range of support and advocacy services to individuals and families according to their needs and capacity. We ensure the immediate needs of participants are met in a supportive, informed and respectful manner.

It is important to Micah Projects that people feel welcome, have choices and do not experience discrimination when working with Micah Projects. It is our aim to work with participants, each other, and our partners to respectfully share knowledge, ideas, resources and skills in order to improve the service for the people we support, and the people that work as part of our organization.

Micah Projects' Strategic Priorities

- People are at home and supported
- Women and children are respected, equal and safe
- Families are safe and well together
- People have improved access to healthcare
- People are supported in their healing, resilience is affirmed and they have improved access to justice
- People have access to work, learning and meaningful activity to enhance social and economic participation
- Lead and develop a culture and workforce that is collaborative and responsive to lived experience of the people we work with
- Achieve financial sustainability and accountability
- Enable high levels of quality, innovation and performance
- Commit to environmental sustainability

The antidote to loneliness is social connections. Our social health is now being recognised as a fundamental predictor of overall health and wellbeing. So much so that the World Health Organisation has now included social connections as a key determinant of health.

[City of Monash Loneliness Framework 2020-25. Page 25](#)

Community Connection Programs

Participants across all of Micah Projects' programs experience social isolation and loneliness as a result of many experiences and causes including mental health, disability, intergenerational poverty, abuse, and trauma. Micah project's Community Connections program is funded through the Queensland Community Support Scheme to deliver social inclusion activities and in-home supports to these participants. This program is known as 'The Hive'.

The Hive program supports individuals with In-Home Supports and Community Connections to maintain or regain their independence so they can continue to live safely in their home and actively participate in their communities. This vital part of Micah Projects social inclusion agenda works within the South Brisbane metropolitan area.

The Hive supports people who are within the South Brisbane catchment area and:

- are deemed eligible for specialist support services by the Queensland Community Support Scheme (QCSS)
- are under 65 (or under 50 years for Aboriginal and Torres Strait Islanders) living in the community and experiencing social isolation
- are not eligible for the National Disability Insurance Scheme (NDIS)
- have a long-term disability, chronic illness, mental health or other condition that impacts on their day to day functional capacity and

ability to participate in the community

→ are transitioning from homelessness or at risk of homelessness.

In conjunction with in-home support, The Hive also run regular social inclusion activities and events including:

- Facilitated **Adult Art Groups** designed to support visual artists to develop a practice that is authentic and reflective of their interests and passion.
- **Community meals** held weekly to provide an opportunity for people in the local community to get to know each other. Invited guests who are some of the most social isolated and vulnerable people that Micah Projects supports, as well as local individuals who have an interest in their community and social justice are invited to a sit-down dinner hosted at social enterprise, Hope on Boundary Café.
- **Community BBQs** held in public spaces and within local social housing complexes designed to connect individuals living within their local neighbourhood.
- **People's Markets**, a monthly pop-up event that plays host to broad range of stall holders from the community. This event aims to provide an avenue for local artists, makers and designers to generate an income, create great social connections and build community.
- Monthly **Open Mic Night**, held at Hope Street Café, a Social Enterprise located next door to the social housing building, Brisbane Common Ground. This evening of live music, poetry, story and song provides an opportunity for new and established performers to share their talent with a diverse audience.
- The **United Artists Project** provides professional development and promotional opportunities to marginalized artists working in supported art groups in the South Brisbane and West End area. Artists attending these groups have a lived experience of social isolation and exclusion as a result of marginalisation and the stigmas associated with homelessness, mental health, disability and poverty.

Interplaying issues with social inclusion and loneliness

Homelessness

Over the last 25 years of providing homelessness services within Brisbane we have seen firsthand how homelessness, health inequality, poverty, intergenerational trauma, and interpersonal violence and abuse are partners in disconnecting people from services, family, and community.

We know that this disconnection forces individuals and families into homelessness, creates barriers to employment and education, and has significant impacts on a person's physical and mental health.

When looking specifically at the correlation between homelessness and social isolation and loneliness there are many common drivers including relationship breakdowns, loss of employment, chronic health conditions and mental illness, bereavement, language and cultural barriers, and having to flee domestic and family violence.

These drivers can cause individuals and families to stay within a cycle of chronic homelessness and social isolation, resulting in engagement with multiple systems including criminal and justice, child protection, and emergency health.

The social stigma surrounding homelessness also often leads to further social exclusion and greater loneliness due to lower self-esteem and self-confidence¹. Even after securing permanent housing, these psychological barriers and health conditions continue to impact a person's social inclusion and sense of loneliness and can severely impact their ability to maintain their tenancy.

A three-year research project examining a Housing First approach to addressing homelessness in Brisbane identified that loneliness was the dominant issue faced by formerly homeless individuals once they had settled in permanent or long-term accommodation². The research project found that a sense of social inclusion

¹ Sanders, B & Brown B. *'I was all on my own': experiences of Loneliness and isolation amongst homeless people (2015).*

² Grimbeek, C & Mason C. *A Housing First approach to homelessness in Brisbane, Sustaining tenancies and the cost effectiveness of support services (2013).*

was a key factor in helping people remain housed and not fall back into a cycle of homelessness.

Due to the constraints of COVID-19 and the demands of emergency housing needed during the recent lockdown, we have been unable to undertake further research or literature reviews to provide further data and evidence of specific to the intersection of social isolation, loneliness and Brisbane's homeless cohort.

As such we have attached in Appendix 1 the Crisis Homeless Service's *'I was all on my own': experiences of loneliness and isolation amongst homeless people* report. The findings from this report are based on the survey of 506 homeless services users across the UK and explores the nature and quality of the contact this group had and the scale of loneliness and isolation they experienced.

Domestic Violence

The pattern of gender-based coercive control that underpins domestic violence is often reliant on tactics that directly encourage social isolation and loneliness.

Isolating tactics often include restricting visitors and social interactions, purposely diminishing self-esteem, preventing victims from engaging with family and friends, monitoring activity, and refusing to allow a victim to leave their home. These tactics work to directly isolate victims and often prevent victims from reaching out for help and support.

These isolating tactics also often cause ongoing feelings of loneliness by causing distrust in future intimate relationships, the removal of children due to violence, and diminished self-esteem.

In a study exploring the perceived cause of loneliness of domestic violence victims, women who had experienced abuse scored significantly higher rates of loneliness across all causations including personal inadequacies, developmental deficits, unfulfilling intimate relationships, relocation/significant separations, and social marginality³.

³ Rokach A. Loneliness and intimate partner violence: antecedents of alienation of abused women. *Soc Work Health Care*. 2007;45(1):19-31. doi:10.1300/J010v45n01_02

Drivers of social isolation and loneliness in Queensland

Over the past decade there have been many changes to the type of community services that are funded by government and the way in which these services are designed to meet growing demands. There are now very few programs that are eligible for funding that will enable the participation of a diverse social mix of people.

An example of this limitation can be seen with Community Support Scheme which does not allow individuals to participate in funded programs if they are receiving NDIS support.

We have also seen a loss in funding for grassroots initiatives, many of which had proved to be successful opportunities for community connection and allowed people to learn new skills. This loss in funding was most evident during the transition from the Queensland Community Care Scheme funding to the NDIS, and resulted in the loss of many community services such as weekly morning teas that were organised through a dedicated coordinator and included transport for participants.

Here at Micah Projects, we have run several strategies and initiatives including community meals, the annual Moonlight Magic Dinner Dance, family and children's playgroups, art classes, and Christmas lunches. While we find these activities beneficial for both participants and community volunteers, we struggle to make them sustainable due to employee wage cost, transport needs of participants and most recently, the uncertainty of COVID-19.

Barriers to participation for individuals and families

Poverty – money is often required for participation in events and activities. This could be mitigated by providing grants to organisations to pay for the costs of establishing events, like movie outings, morning tea or lunch, outdoor events.

Transport – many people need assisted transport or do not have the money to pay for transport. Public transport is not always available and is expensive. Many families cannot afford public transport for the children for both school and community activities such as sport or recreational activities.

Social Skills- Social engagement for many people with histories of trauma, disability, or mental illness require facilitation with specialised coordination and support workers. In many cases social inclusion activities provide an opportunity for them to learn by doing and the modelling of social skills within social settings.

Diversity- People across all ages groups including children need programs to support their inclusion, social development, health and wellbeing. Both adults and children require support to access social and recreational activities across a range of age groups and experiences recognizing age, gender, disability, sexuality, and preferences for a range of different activities in both local community and communities of choice.

Literacy for adults and children- Amongst more marginalized population the low rates of literacy are a significant barrier to being able to read and be informed of community news and events.

Digital exclusion- costs of internet, phones and computers are leaving many people behind. This was most evident during COVID-19 when we saw low-income families unable to participate in home schooling and online activities.

Barriers for organisations to facilitate inclusion:

Restricted eligibility requirements for community connection programs. The outputs very high to meet the needs of people.

Costs associated with workplace health and safety – programs and initiatives often require additional support staff to mitigate risks and facilitate groups.

Limited funding for social enterprise to subsidize the participation of low income, high need population groups. Funding for meaningful activities is required not just for training and employment. A mixed funding source for social enterprise to be more inclusive of participation of people with low incomes and multiple needs.

Reduction in social services that focus on community engagement and inclusion.

Transport – Funded Social Inclusion programs rarely include funding to cover the cost associated with wrapping a transport solution around access to participation.

Resources – lack of funding beyond operational costs (wages) to invest into consumable and non- consumable items, specialty human resources (Art group

facilitators, yoga teachers etc.) to deliver quality meaningful community connection activities is a major deficit for an organization who often has to turn to seeking resources and funding from a third party. This in turn requires precious service delivery hours being consumed into time and effort sourcing resources that could be better utilized in meeting quality service agreement outputs and outcomes.

Solutions to preventing social isolation and loneliness

As the evidence-base is still in its infancy to address loneliness as a public health issue, early signs point to the following suggestions⁴ as key:

De-stigmatising loneliness through public health and community education campaigns and creating a supportive language

Third places: prioritising the importance of third places that are affordable (preferably free) and accessible to the community and provide homely environments with opportunities to chat and forge connections - Libraries › Neighbourhood Houses › Aquatics, Sports & Recreation Centres › Community gardens › Green spaces › Outdoor gyms › Free social and exercise activities › Men's sheds › Play groups and parent groups › Places of Worship › Art Galleries

Improve the evidence-base for loneliness and introduce a consistent measure for loneliness

Embed loneliness as a consideration across relevant Council policies and strategic plans, including those related to internal staff health & wellbeing policies and initiatives

Build the conversation on loneliness and highlight the importance of looking after our social health as we would our mental and physical health

Social connection programs with built in components around positive thoughts

Volunteering and providing service to others offers purpose and reaffirms a person's value and contribution

Place-based or special interest groups, community connections programs, bringing neighbours together

⁴ Monash Loneliness Framework 2020-25, page 20, https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.mon-hape.files/6416/0248/4180/City_of_Monash_loneliness-Framework-2020-25.pdf

Recognising cultural diversity and supporting free cultural expression, respectful of all cultural identities, as a foundation for social cohesion and connection

Partnerships: working in partnership across sectors to address and respond to loneliness across our communities

Funding it: funding evidence-based and evaluated programs that prove successful to responding to loneliness to increase the longitudinal research as to what works

Accessibility must be considered to ensure that everyone can participate in activities and programs which reduce and prevent loneliness. Considerations must be made to reduce any potential barriers that people may have to getting involved including cost and affordability, availability, language, physical requirements and location

Online activities and digital communities have a role to play in connecting people in this current age. Technology can be a powerful way to overcome barriers to participation, however for some people technology — access to it, or the ability to use it — can also be a barrier in itself. Key learnings of COVID-19 has shown us that while technology can add value to our lives and our connections with others, it has also highlighted significant inequities which exist in relation to technology and digital communication.

Programs and initiatives addressing social isolation

UK Government's Loneliness Strategy published in October 2018 set out a number of measures including the national use of a standard means of measuring loneliness, social prescribing, public health campaigns to raise awareness of the importance of social connections, and funding to support community groups and digital inclusion. The strategy has also seen the formation of Tackling Loneliness Network made up of private, public and charity sector organisations who want to make a difference.

Monash Council's Loneliness Framework 2020-25 is to guide Council's approach to addressing loneliness in the community and contribute to improving overall community wellbeing and social connections in Monash. Loneliness is now recognised as a leading public health priority. While loneliness affects people individually, it can also have a significant impact on the health and wellbeing of the community as a whole. VicHealth states that 'the most effective way to reduce loneliness is to make people feel connected to their community.¹ This framework aligns to Council's legislated role in improving the health and wellbeing of our community as outlined in its municipal public health and wellbeing plan, A Healthy & Resilient Monash: Integrated Plan 2017 – 2021.

Projects for Public Spaces works with community to transform their public spaces into vital places that highlight local assets, spur rejuvenation, and serve common needs. Their unique placemaking approach helps community members make and remake well-loved, well-used public spaces that reflect local culture, assets, and priorities. Their placemaking projects have been delivered across 50 countries and focus on building public places that encourage social interaction and opportunities for connection.

The **Art Collective** provides opportunities through art for its members to enhance their identity, meaning, and purpose in life. The initiative offers peer-to-peer workshops, a visiting artists program, and field trips all aimed at engaging individuals living with mental health conditions.

Studio A is a supported studio based in Sydney Australia that tackles the barriers that artists living with intellectual disability face in accessing conventional education, professional development pathways and opportunities needed to be

successful and renowned visual artists. Studio A contributes to various personal outcomes for the artists including increased self esteem, increased aspirations for the future, broader social networks and a sense of belonging, increased financial security and improved mental health. More broadly, within the community Studio A reduces stigma associated with people with disability and increases diversity and inclusion.

The **United Artists Project** operating in Brisbane, Australia provides professional development and promotional opportunities to marginalized artists working in supported art groups in the South Brisbane and West End area. Artists attending these groups have a lived experience of social isolation and exclusion as a result of marginalisation and the stigmas associated with Homelessness, Mental Health, Disability and Poverty.

People's stories of isolation and loneliness

Case Study 1

Bobby*

Bobby is a 44 year old male who first made contact with Micah Projects' Street to Home Outreach Team in October 2018 while present at a street food van in the Brisbane CBD.

Bobby disclosed that he had a congenital limb deficiency called Bilateral Hemimelia which had caused significant deformities to both his hands. He also disclosed that he suffered from separation anxiety which becomes heightened when he is unable to contact his mother. Bobby had been diagnosed with schizophrenia, anxiety, depression, and PTSD. Bobby did not have a mental health support plan in place and believed his schizophrenia diagnosis was incorrect.

At the time Bobby reported that he had previously lived in the ACT with his mother but was forced into homelessness when she was placed in aged care. As a result, Bobby had been rough sleeping for two years before coming to Brisbane where he continued to sleep in public spaces.

At the time Bobby stated that he was receiving a Disability Support Pension (DSP) but was between payments and unable to afford accommodation.

Over the following 18 months, Micah Projects' Outreach team continued to see Bobby regularly transitioning between temporary accommodation and sleeping rough whilst living below the poverty line. Through case management the team were able to identify that Bobby was also battling drug and alcohol addiction and was highly exposed to violence which resulted in frequent presentations to emergency departments.

During this time Micah Projects' Teams would maintain contact and continue supporting Bobby with immediate health care and accommodation support whilst continuing to work towards a permanent and safe housing solution.

In April 2021 Bobby was able to secure stable long-term housing. However after only a few weeks after moving into his new home, Bobby felt unsafe within the

housing complex and returned to sleeping in public spaces.

Through consistent assertive outreach and ongoing support and advocacy from Micah Projects' Outreach Workers Bobby was assisted to find new safe living arrangements and transferred to this accommodation in June 2021. During this time Bobby was referred to Micah Projects' Community Connections Team, The Hive. The Hive team provided Bobby with in-home supports to help maintain his tenancy and Community Connection Supports to link him in with the Inclusive Health and Wellness Hub to assist Bobby's medical health and wellbeing.

As The Hive Social Inclusion team-built rapport with Bobby he began to seek out opportunities for further engagement with social activities and events. As well as maintaining regular health appointments, Bobby now attends a weekly art class and a monthly community meal where he has had the opportunity to once again engage with his passion for art and creativity and make new friends in a safe and welcoming space. As well as trust building and authentic engagement from Micah support workers, a major contributor to assisting Bobby to link in with the community of his choice has been access to transport provided by The Hive Social Inclusion Team.

These wrap around supports have allowed Bobby to sustain his tenancy for almost 5 months and has resulted in improved overall mental health and a significant decrease in presentations to emergency departments.

*Bobby's real name has been changed

Case Study 2

*Rickie

Rickie is a 46-year-old female who currently lives in a social housing complex located in South Brisbane. Rickie currently receives a disability support pension and first came into contact with Micah Projects in October 2019.

At the time Rickie was rough sleeping in her car after she had been forced to move out from boarding house accommodation due to an altercation with another tenant. Rickie's disclosed to the Micah Projects' Team that she had been previously been incarcerated and frequently presented to hospitals.

Rickie also disclosed that she had been diagnosed with anxiety, manic depression, PTSD, and arthritis in her hip which affected her mobility. She had also been battling a heroin addiction over a 20-year period. Rickie had also fallen into severe debt due to multiple unpaid traffic violations that was now being managed by the state Penalties Enforcement Registry (SPER).

Rickie declined support to complete a housing application and continued to cycle in and out of temporary accommodation for another 6 months before reengaging with Micah projects.

During this second engagement Rickie disclosed that she didn't have any solid friendships in Brisbane and that she was wanting to move to the coast with the hopes of reconnecting with her two daughters and other family members.

With safe affordable housing, stability, Rickie's health and her goal of wanting to re-establish her relationship with family in mind, the Micah outreach team began to discuss and plan with Rickie to support and advocate for her to find and apply for secure and affordable housing.

In August 2020 Rickie requested assistance with finding suitable boarding house accommodation in Fortitude Valley so that she could be close to her doctor who she was currently seeing three times a week. Micah Projects' Street to Home Team were able to support Rickie to update consents, obtain legal identification and to reengage with the Department of Housing (DOH).

At this time Rickie's mobility had continued deteriorate and she was forced to use a walking stick while on the waitlist for a hip replacement. Rickie's mental health had also declined, and she was linked in with mental health supports.

In October 2020 Rickie was successful in securing a Department of Housing tenancy was supported by Micah Projects Homefront team to set up her unit with basic furniture and homewares. In November 2020 Rickie was referred to Micah Projects' Community Connections Team, The Hive.

The Hive began providing Rickie with in-home supports to maintain her tenancy and community connections support to link her in with healthcare and social and recreational opportunities. Rickie now regularly participates in social inclusion activities including Community meals, social BBQ gatherings, and group acupuncture sessions.

Rickie has now been able to sustain her tenancy for 10 months, has established and maintained daily routines, and was able to focus on recovering from hip surgery and improving her mental health. She has also been able to begin a payment plan to reduce her debts and has started to rebuild her relationship with her family.

*Rickie's real name has been changed

A shared "...vision is for this country to be a place where we can all have strong social relationships. Where families, friends and communities support each other, especially at vulnerable points where people are at greater risk of loneliness. Where institutions value the human element in their interactions with people. And where loneliness is recognised and acted on without stigma or shame, so that we all look out for one another."

DCMS Loneliness Strategy, page 6

[A connected society: a strategy for tackling loneliness. Page 6](#)

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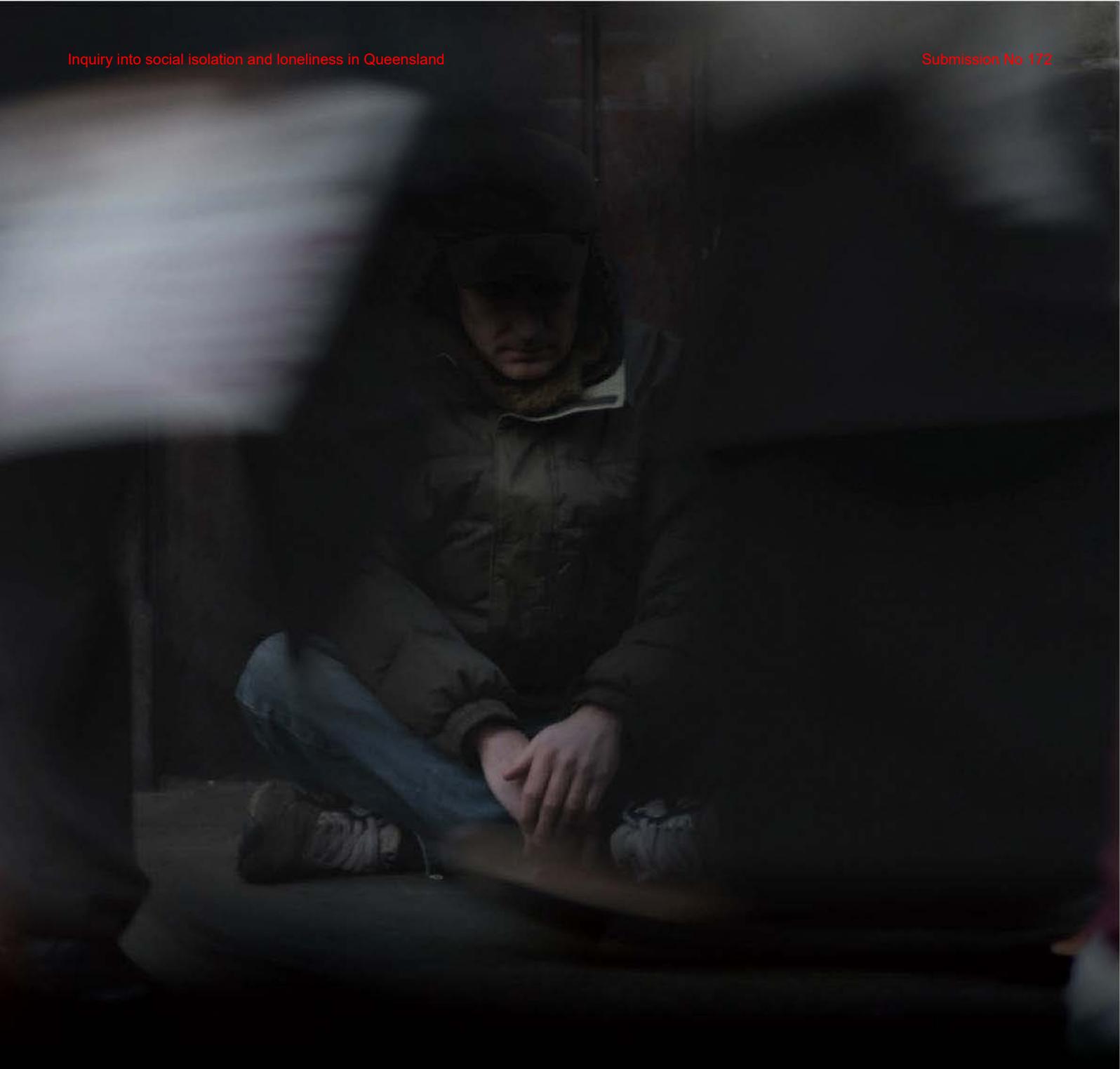


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Appendix 1.

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***‘I was all on my own’:** experiences of loneliness and isolation amongst homeless people*

Ben Sanders and Brianna Brown
December 2015

CRISIS

ii **'I was all on my own':** experiences of loneliness and isolation amongst homeless people

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Foreword

We know that homelessness is a devastating experience and how hard it is to overcome. Yet what this new research shows is also just how much of an isolating and lonely experience it is.

Homelessness means not only losing a roof over your head but also losing regular contact with those that matter to you. Being homeless already means being at heightened risk of mental and physical health problem but we increasingly know just how bad being lonely is for a person's well-being.

The research shows that homeless people experience some of the highest rates of loneliness and isolation amongst the UK population. They feel left out and lack the companionship that many of us take for granted, making it that much harder to escape homelessness and address any support needs.

What this report also makes clear is that the way in which the continued stigma attached to homelessness serves to reinforce the social exclusion of homeless people. The examples of abuse detailed here are shocking but it is not just the incidences of violence that make homeless people feel like second-class citizens. It is also the everyday ignorance and ambivalence displayed towards homeless people that makes them feel invisible and forgotten.

All of this can make homeless people withdraw further from others and the support that could help. Finding and sustaining work is a key route out of homelessness. Yet what this research shows is how the isolation, loneliness and the hostility of others can undermine their attempts to move on with their lives.

We all have a duty to work towards solving the problem of homelessness. This means not just ensuring there is the political will to do so in Government and holding them accountable for their actions but also on a day-to-day basis making sure that homeless people are seen, acknowledged and not left out.



Jon Sparkes
Chief Executive, Crisis

Key points

- The findings from Crisis' survey of 506 homeless service users across the UK sought to explore the nature and quality of the contact this group have and the scale of loneliness and isolation they experience
- Six out of 10 (61%/307¹) homeless service users classify as 'lonely', three times the proportion of over 52s in the UK, a group most associated with being most lonely in society. Over a third (37%/187) of service users reported 'often' feeling isolated and lacking companionship (35%/179)
- Christmas is a difficult time for homeless service users: over a quarter (27%/136) spent last Christmas alone with those aged 45-54 more likely to (37%/53). Spending Christmas with family was important for a lot of service users (63%/289) as was having somewhere warm and safe to stay (93%/467) yet a quarter (26%/130) did not know where they would spend this Christmas
- Homeless service users reported being at the receiving end of regular physical and verbal abuse making it harder to feel others cared or they had someone to reach out to: in an emergency only a quarter (23%/119) could call on a friend
- Negative encounters made almost half of all service users (44%/217) feel as if they were undeserving of help. They were made to feel ashamed and stigmatised at being homeless and over a quarter (28%/143) said they often felt invisible to others as a result
- These experiences entrenched loneliness making some withdraw further from others, reinforcing isolation and over half (53%/266) said it had made seeking support harder. For others the use of alcohol or drugs was a means of blocking out isolation
- It also had a significant impact on service users ability to move on from homelessness with seven out of 10 saying that being homeless had made it harder to secure or maintain a job
- More needs to be done to, not only, address the causes of homelessness but support those that are lonely and isolated: service users wanted more opportunities to be able to share their problems by talking to someone.

1 Number refers to actual number of responses.

1. Introduction

1.1 Loneliness and social isolation amongst homeless people

"It was horrible, the worst time I've ever had...cos I was all on my own...when I was sleeping rough...you feel so lonely its crap, you don't want to wake up in the mornings cos you don't want to spend another day on your own."

Sarah, homeless service user²

*Loneliness is a subjective experience and negative experience, the outcome of cognitive evaluation of the match between quantity and quality of existing relationships and relationship standard. The opposite of loneliness is belongingness and embeddedness.*³

Loneliness is fast becoming recognised as having serious negative implications for the health and well-being of individuals demanding action be taken to address people's increased isolation from others.⁴ Loneliness describes the experience of being unable or prohibited from attaining relationships with others built on trust, mutual benefit, and support.⁵

While most individuals feel lonely at some point in their life, loneliness affects some people more than others. Many studies

have been done highlighting the effects of loneliness on the elderly, cancer patients, single parents, and those facing depression.

A report carried out by the Mental Health Foundation found that of a nationally representative sample of 2,256, 11 per cent of people described themselves as 'often' feeling lonely.⁶ Isolation and loneliness is now considered an 'emergency crisis' for older men in England where 1.2 million older men (50 plus) reported a moderate to high degree of social isolation and 700,000 reported feeling a high degree of loneliness.⁷

Homeless people could be added to those groups that are at increased risk of loneliness. A leading cause of homelessness is relationship breakdown. Being homeless means more than just being without a home; it is linked to the breakdown of personal and social relationships and being put at a distance from social networks and connections. In addition to an increased risk of social isolation and loneliness, homeless individuals when compared to the general population have much shorter life expectancies, higher rates of mental and physical health problems, they are over nine times more likely to commit suicide and they are thirteen times more likely to be a victim of violence.⁸

² All names of service users are pseudonyms.

³ Gierveld, J. J., Tilburg, T. and Dykstra, P. (2006) Loneliness and Social Isolation in: Vangelisti, A. and Perlman, D (eds.) *Cambridge handbook of personal relationships*. Cambridge: Cambridge University.

⁴ BBC News (2015) "Loneliness 'as damaging to health as poverty and poor housing'." *BBC Scotland*, 28 October 2015. www.bbc.co.uk/news/uk-scotland-34656808, White, E. (2015) "Loneliness is not a private matter," *The Guardian*, 6 November 2015. www.theguardian.com/comment-isfree/2015/nov/06/loneliness-market-society-isolation-income and Richards, V. (2015) "Loneliness makes your brain work differently, study shows," *The Independent*, 12 November 2015. www.independent.co.uk/news/science/loneliness-makes-your-brain-work-differently-study-shows-a6732056.html.

⁵ Cacioppo, J. T. and Hawkey, L. C. (n.d.) "Loneliness." National Institute of Aging Program Project Grant No. PO1 AG18911: Templeton Foundation. <http://psychology.uchicago.edu/people/faculty/cacioppo/jtcreprints/ch09.pdf>.

⁶ Griffin, Jo. (2010) *The Lonely Society?* London: Mental Health Foundation, See also www.independent.co.uk/news/uk/home-news/police-share-tea-with-elderly-couple-who-rang-999-because-they-are-lonely-a6731711.html

⁷ Beach, B. and Bamford, S. M. (2014) "Isolation: The Emerging Crisis for Older Men - A Report Exploring Experiences of Social Isolation and Loneliness among Older Men in England," Advice and Support for Older Age - Independent Age www.independentage.org/media/828364/isolation-the-emerging-crisis-for-older-men-report.pdf.

⁸ Newburn, T. & Rock, P. (2004) *Living in fear: Violence and victimisation in the lives of single homeless people*. London: Crisis and LSE. http://www.crisis.org.uk/data/files/publications/LivingInFear_prelim%5B1%5D.pdf

2 'I was all on my own': experiences of loneliness and isolation amongst homeless people

Unfortunately, homelessness is on the rise. Rough sleeping numbers have increased by 55% from 2010 to 2014 and homelessness applications have risen 26% in England since 2009/10. In the last year alone 280,000 people approached their local authority to seek homelessness assistance. As the government fails to provide enough affordable housing to meet demand, and benefit cuts and sanctions take their toll on people's lives, more are at risk of losing their home at a time when councils are being forced to cut services. As a result, despite a recovering economy, the problem of homelessness is escalating and is likely to continue to worsen.⁹

All this means that more people will be having to face uncertain futures without the forms of social support many others take for granted or completely on their own.

1.2 The impacts of loneliness and social isolation

Being marginalised from the rest of society has both mental and physical health impacts on individuals who have experienced or are experiencing homelessness and are relatively well documented.¹⁰

However, the extent to which loneliness and isolation contributes to that is not known but there is a growing body of evidence that is beginning to show and understand the impact of isolation and loneliness on individual's emotional and physical

wellbeing.¹¹ Long bouts of loneliness impacts on immune and cardiovascular functioning.¹² Where an individual is in a state of perpetual loneliness, behaviour towards others and themselves can change. Lonely individuals are more likely to smoke, eat unhealthy foods and are less likely to follow medical regimes.¹³

Stress has also been found to be a major consequence of loneliness with lonely individuals reporting higher levels of stress in their lives than non-lonely individuals. As a result of stress, researchers found that lonely individual's heart muscles have to work harder to distribute the same amount of blood when compared to non-lonely individuals. Later in life this can lead to higher blood pressure, hypertension and put an individual at greater risk to a variety of diseases.¹⁴ Research shows that lacking social connections is as damaging to health as smoking 15 cigarettes a day.¹⁵

Meanwhile the coping resources attained from interpersonal relationships can alleviate the adverse psychological effects of stress, and has been found amongst populations of older adults to play a key role in decreasing vulnerability to mental and physical illness. As such, social support, the opposite of social isolation, is an important determinant of depression and suicidal ideation.¹⁶ Older adults who have higher levels of social connectivity were also found to have greater mental health and longer life spans than those who were lonely and socially isolated.¹⁷

⁹ See Homelessness Monitor series www.crisis.org.uk/pages/homelessnessmonitor.html and www.crisis.org.uk/data/files/publications/Homelessness%20briefing%202015%20EXTERNAL.pdf

¹⁰ Thomas, B. (2012) *Homelessness kills: an analysis of the mortality of homeless people in early twenty-first century England*. London: Crisis. And <http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

¹¹ Rokach, A. (2005) "Private Lives in Public Places: Loneliness of the Homeless," *Social Indicators Research* 72, no. 1: 99–114.

¹² Griffin, Jo. (2010) *The Lonely Society?* London: Mental Health Foundation.

¹³ DeWall, N. C. and Baumeister, R. F. (2006) "Alone but Feeling No Pain: Effects of Social Exclusion on Physical Pain Tolerance and Pain Threshold, Affective Forecasting, and Interpersonal Empathy" *Journal of Personality and Social Psychology* 91, no. 1: 1–15.

¹⁴ Ibid

¹⁵ Holt-Lunstad, J., Smith, T. B., Layton, J.B. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS Medicine* (7) <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000316>

¹⁶ Vanderhorst, R. K. and McLaren, S. (2005) "Social Relationships as Predictors of Depression and Suicidal Ideation in Older Adults," *Aging & Mental Health* 9, no. 6: 517–25.

¹⁷ Cacioppo, J. T. and Hawkey, L. C. (n.d.) "Loneliness." National Institute of Aging Program Project Grant No. PO1 AG18911: Templeton Foundation.

1.3 Getting through it alone

When someone has a greater sense of belonging, fostered by feeling needed, valued, and significant, they achieve better social and psychological functioning.¹⁸ Depressive symptoms such as withdrawal, anxiety, lack of motivation and sadness can conceal a lack of social support.¹⁹ The ability to connect with others is inherent to human nature, but being unable to fulfil this basic need leaves many feeling as if they have failed. This means admitting to being lonely is highly stigmatised especially in a world which valorises social connections and ability to 'network'.²⁰ As a result, lonely people often avoid trying seek help²¹ and Contact the Elderly recently reported that people who are 'most lonely are the hardest ones to reach'.²²

On top of the stigma of being lonely, those without stable accommodation are also dealt the stigma of being homeless. The combination of the stigma of loneliness and homelessness can lead to further entrenchment of the social exclusion of homeless people and erection of more (psychological) barriers for them to overcome. Loneliness and isolation has been shown to alter the functioning of the brain whereby those afflicted switch into 'self-preservation mode' making them more abrasive and defensive to others.²³

A survey of homeless young people in the US found that the social stigma of homelessness was associated with lower self-esteem,

greater loneliness and feeling trapped. The perception of society blaming homeless people for their own predicament worsened the mental health of these young people already experiencing numerous dangers and challenges.²⁴

Crisis' past research found that of the 87 homeless people who were interviewed, over half (53%) said that being homeless had destroyed their self-esteem and self-confidence.²⁵ It also showed that isolation and loneliness does not often end after individuals have been rehoused. Previously homeless individuals continue to lack contact with family members, friends, and being a part of a larger community. This finding was linked to tenancy breakdown and repeated episodes of homelessness.²⁶

Furthermore, Rokach observed that homeless individual's experiences of loneliness differ from that of the rest of society. As they are burdened with the challenge of daily survival, their living conditions, constant fear, sense of failure, and depression lead to self-alienation. In order to cope with the psychological and physical trauma associated with being homeless, individuals experience detachment from their own sense of self.²⁷ In addition to being labelled as homeless by other people, the stigma of homelessness is embodied by the individual. To truly escape homelessness and social isolation, the individual must also stop self-identifying as homeless.²⁸

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- 18 DeWall, N. C. and Baumeister, R. F. (2006) "Alone but Feeling No Pain: Effects of Social Exclusion on Physical Pain Tolerance and Pain Threshold, Affective Forecasting, and Interpersonal Empathy" *Journal of Personality and Social Psychology* 91, no. 1: 1–15.
- 19 Singh, A. & Misra, N. (2009) "Loneliness, Depression and Sociability in Old Age," *Industrial Psychiatry Journal* 18, no. 1: 51-55.
- 20 Scottish Parliament (2015) *Equal opportunities committee: Age and social inclusion*. Edinburgh: Scottish Parliamentary Corporate Body www.scottish.parliament.uk/S4_EqualOpportunitiesCommittee/Reports/EOS042015R05.pdf p. 8
- 21 Vangelisti, A. L. and Perlman, D. (eds.) (2006) *The Cambridge Handbook of Personal Relationships*. Cambridge; New York: Cambridge University Press.
- 22 www.contact-the-elderly.org.uk/
- 23 Marantz Heing, R. (2014) *The science of loneliness* <https://www.psychologytoday.com/blog/cusp/201408/the-science-loneliness>
- 24 Kidd, S. A. (2007) "Youth Homelessness and Social Stigma," *Journal of Youth and Adolescence* 36, no. 3: 291–99.
- 25 Smith, J., Bushnaq, H. and Campbell, A. (2008) "Valuable Lives: Capabilities and Resilience amongst Single Homeless People." London: Crisis. www.crisis.org.uk/data/files/publications/Valuable_Lives.pdf.
- 26 Smith, J., Bushnaq, H. and Campbell, A. (2008) "Valuable Lives: Capabilities and Resilience amongst Single Homeless People." London: Crisis. www.crisis.org.uk/data/files/publications/Valuable_Lives.pdf.
- 27 Rokach, A. (2005) "Private Lives in Public Places: Loneliness of the Homeless," *Social Indicators Research* 72, no. 1: 99–114.
- 28 Boydell, K. M., Goering, P. and Morrell-Bellai, T. L. (2000) "Narratives of Identity: Re-Presentation of Self in People Who Are Homeless," *Qualitative Health Research* 10, no. 1: 26–38.

4 'I was all on my own': experiences of loneliness and isolation amongst homeless people**1.4 The Research**

This research aimed to contribute to the literature about people's experiences of homelessness and loneliness within the UK. The project was designed to answer four main questions related to the:

1. Scale of loneliness and isolation
2. Impacts of loneliness and isolation
3. Factors reinforcing loneliness and isolation
4. How loneliness can be managed and eventually overcome

Over the course of September 2015, 506 surveys were completed with individuals using 16 homelessness services across 14 sites in UK run by various charitable organisations. Twenty qualitative depth interviews were also completed with individuals. Surveys measured loneliness using various scales including the UCLA 3-point scale. This three-question measure of loneliness has been used in various loneliness studies amongst differing populations.²⁹ Qualitative interviews provided an opportunity to hear in-depth accounts of loneliness in the individual's own words.

1.5 Report Outline

The first section explores the scale and nature of homeless peoples' social isolation – who it is they have regular contact with and who is on hand to help them. The report explores how this isolation translates into feelings of loneliness and what the scale of loneliness is amongst those surveyed. It also explores how certain times of year – Christmas – can be particularly difficult for homeless services users before moving to outline what can reinforce loneliness. In particular, issues around stigma and shame attached to being homeless are looked at and the manner in which individuals can withdraw from others (and support). Problems with overcoming loneliness and social isolation are then looked at and how being homeless and lonely can compromise attempts at finding work and the use of drugs or alcohol, amongst other things, can be a means of managing loneliness. Finally, the report summarises what the homeless service users themselves felt was needed to be done to tackle homeless people's isolation and loneliness.

²⁹ Campaign to end loneliness (n.d.) *Measuring your impact on loneliness in later life*. London: CTCL. www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf

2. Survey findings

2.1 Social isolation

Becoming homeless is a devastating experience and also often affects the relationships people have with others. It can mean individuals are removed or put at a distance from loved ones and networks of support, care and comfort. Being homeless not only means being physically removed from the safe confines of a home but also the emotional warmth and security that brings with consequences for individual well-being.

2.2 Seeing who?

The survey of homeless service users asked them who it was important for them to see, who they did see and how often. Findings showed that homeless service users have less contact with the people they want to and more regular contact with those they are not close with.

It was important for service users to have contact with family and friends who were not homeless. Yet almost two-fifths (37%/184) were not satisfied with the amount they saw their family. A third (33%/168) of service users never saw their family.

Moreover, a quarter (25%/125) of service users were dissatisfied with the amount they saw non-homeless friends with a similar proportion (23%/119) seeing them never or less than once a month.

“I don’t really talk to my family at the moment and quite frankly I don’t want to. Where I am at the moment I’ve got to get myself out of it and they’re never going to do it for me.”

Andrew

“Depressed, it gets me really down...I think of my children and if I feel like I’m gonna blubber I go somewhere to be alone... happens at least three or four times a month, sometimes more.”

Ronnie

Sixty four per cent (322) had contact with homeless friends most days. However, having regular contact with other homeless friends or seeing acquaintances did not mean feelings of loneliness or isolation were abated. A significant proportion (37%/187) of those surveyed explained that they still often felt isolated.³⁰

“it’s horrible...I’m lonely all the time, I want a partner and it can’t happen with the position I’m in, I can’t have a partner when I’m on the streets.”

Kris

Feelings of isolation can exist even when an individual is relatively well embedded within social networks³¹ and many of those surveyed explained that while they had friends they saw at homelessness services this did not provide the sort of meaningful contact they really longed for.

“Look out here, you’ve got groups of people who sit everywhere ... you can be sat with everybody you know and you still feel lonely.”

Dean

“Basically you meet people and you’re getting drunk, taking drugs...but I don’t know [if this is a real friendship].”

Kris

³⁰ This isolation was worse for those aged 55-64 years old (44%) and female service users (46%).

³¹ Peplau, D. and Perlman, L. A. (1982) *Loneliness: A Sourcebook of Current Theory, Research and Therapy* Wiley InterScience.

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2.3 Invisible help

While many people take it for granted that someone is at the end of a telephone or to call upon to help in the case of an emergency this does not always hold true for those experiencing homelessness.

Eight per cent of participants said that they had no one to call upon if they needed urgent help.³² Less than a quarter (23%/119) could call on a friend (either homeless or not) in an emergency. A third (32%/160) would seek urgent help from someone who worked for a voluntary organisation.

“Sometimes on the streets, when it’s cold, you go into deep mode thinking like you get a flashback of the past; and I was on the verge of actually slitting my wrists and I

thought come on now this ain’t me...its cos I had a flashback and I missed my mum – thinking I’d rather be with her than this...”
Andrew

Furthermore, many service users described incidences of abuse – both physical and mental – when they were in desperate need of help. Unsurprisingly, two-thirds (66%/334) of those surveyed reported being treated differently by others when homeless which contributed further to their sense of social isolation.

“All my stuff was in there...stuff can happen to people like that...have to be careful with your stuff, people can rob you in the night, heard of people getting beat up, urinated on, it is hard.”
Paul

Joel

Joel is a young (19) white British male living in the midlands. He was made homeless after coming out of prison and upsetting his parents who threw him out of his childhood home. After running out of sofas to sleep on, Joel realised he was out of options and began sleeping on the streets. While Joel sought out help at his nearby civic centre, he did not feel he got the help he needed as he did not have any drug or alcohol problems and was a young man.

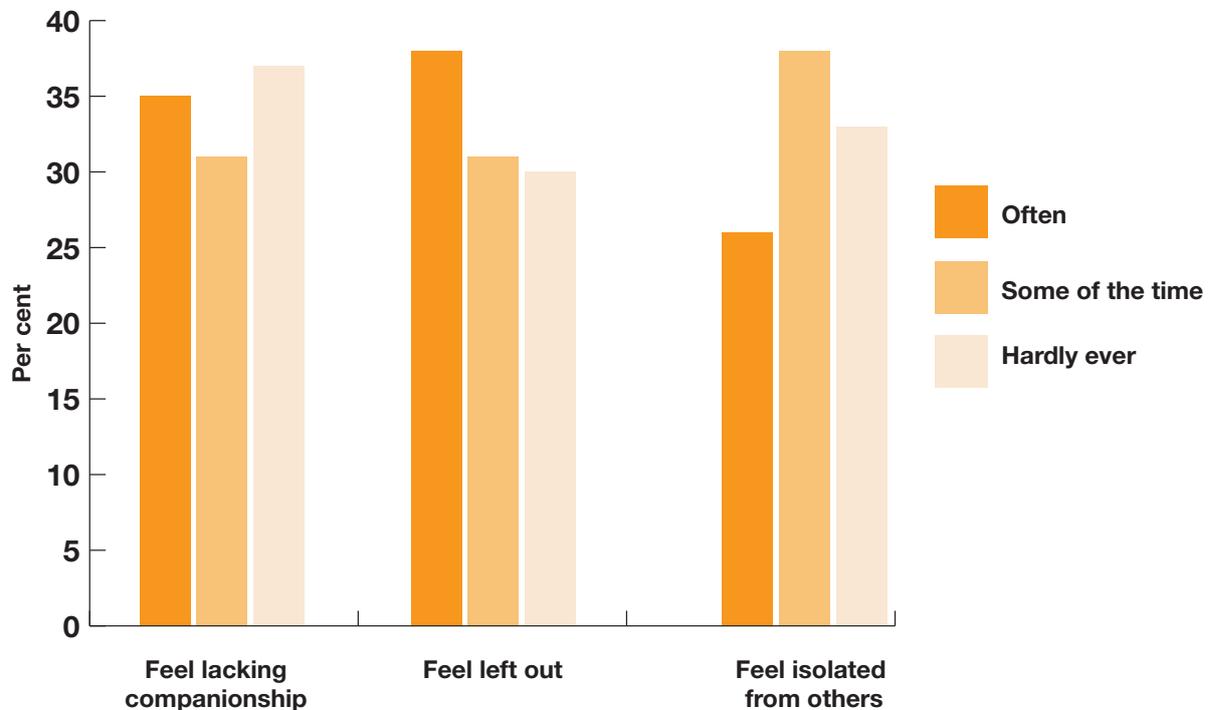
While sleeping rough, Joel would wake up around 5am and try to keep himself occupied but found this difficult, *‘it would just be boring from then, just walking around looking for people; not even friends just other homeless people just so you’ve got someone to talk to... then pretty much the same thing all day until I got back to sleep.’* Joel would try to make some money from begging but felt ashamed of having to ask people for help.

Joel did not tell any of his family or friends that he had become homeless as he was too embarrassed to reveal his situation. He became addicted to mamba, a legal high, which he now regrets and is struggling to quit. Joel’s uncle is also homeless and has helped him get through this and provided support to him while they were both sleeping on the streets, *‘I started speaking to him... he started helping me... so instead of going to sleep with a stranger next to ya, I fell asleep with my uncle next to me. So it was a lot better having a family member there, that’s how I got up basically.’*

Joel is now living with his new partner. Having companionship in his life has been a great help to Joel both providing a roof over his head and by helping him to combat loneliness. It has taken Joel a long time to get over the shame he feels about his situation which he thinks is the greatest barrier in becoming less isolated.

32 Proportionally fewer women than men reported having no one to call in an emergency: 4 per cent versus 10 per cent.

Figure 1: UCLA 3 Item Loneliness Scale Options



Even turning to the police for help did not always help:

“...kind of makes me feel that you aren’t getting help, they [police] arrest you and let you go, nothing happens.”

Kris

“..the police will move you on. Where do they expect you to go? There is nowhere.”

Ronnie

2.4 Scale of loneliness

Given that homeless services users explained they have less meaningful contact with those that mattered to them and that the regular contact they do have is often transactional - neither emotionally sustaining nor equating to anything akin to companionship – it is,

perhaps, unsurprising to see this translate into feeling lonely. Seventy seven per cent (391) said they ‘often’ or ‘sometimes’ felt lonely.

“All I see is people from the B&B, the doctor, and that’s about it at the moment...”

Lorraine

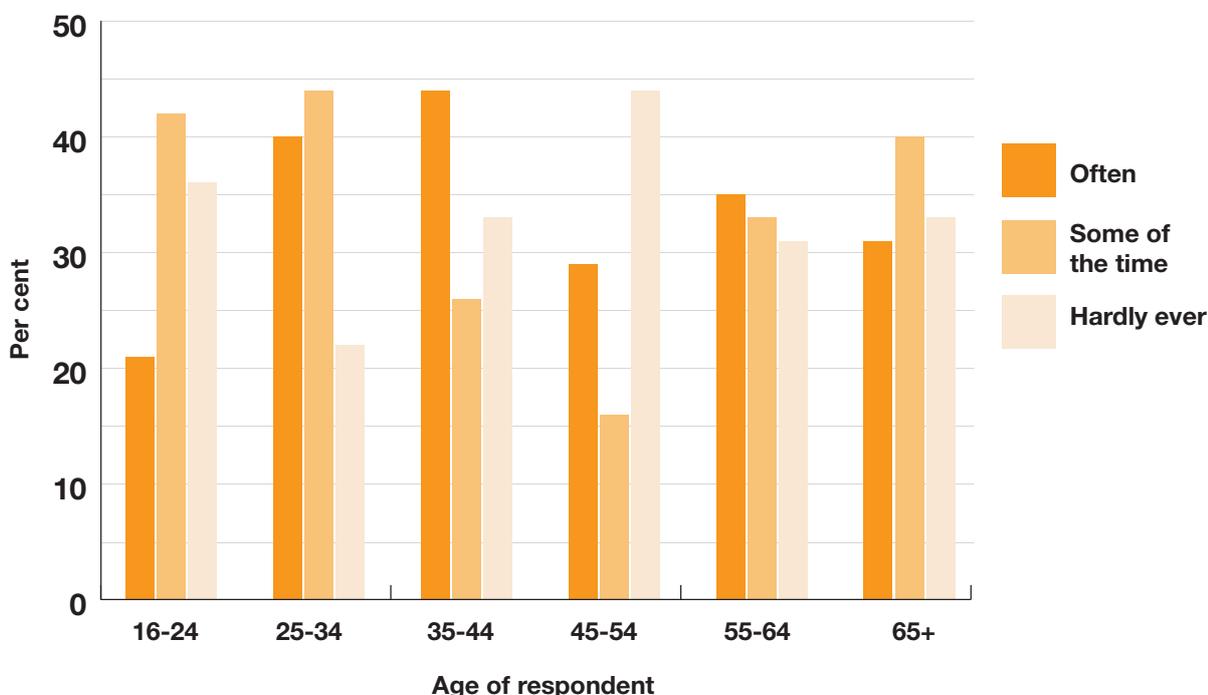
“When I was on my own when I first became homeless, I was lonely, didn’t have no one there for me, nothing. Seeing my friends, other homeless people during the day, then at night I’d be on my own, so I was lonely man, thinking I wish my son was here, my sister, anyone, a passer-by or something. Just to talk to or something...”

You do get lonely, it is hard, you do wish like there would be someone to be there just to talk to me, even for five minutes...”

Paul

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Figure 2: Response to "How often do you feel lonely?"



Loneliness can be measured by rating an individual’s scores on three scales: companionship, feeling left out and isolation. These three aspects of loneliness are part of the widely recognised and used UCLA Loneliness Scale.³³ Individual responses to three questions are scored and totalled to give a measure of loneliness. Anyone scoring between 6 and 9 is considered ‘lonely’.³⁴

Sixty one per cent (307) of the homeless service users surveyed using this scale classified as ‘lonely’. This is proportionally over three times as many as the 18 per cent of people aged over 52 in the UK who are the members of general population most associated with loneliness.³⁵ Across the three scales of loneliness the survey found that:

- Almost three-quarters of homeless service users (73%/373) said they lacked companionship often or sometimes
- Six out of ten (62%/313) reported feeling left out sometimes or often
- Proportionally more women reporting this than men (73% vs. 60%). Those aged 45-54 years old were more likely to feel this (68%) than other age groups.
- Sixty seven per cent (338) of those surveyed reported feeling isolated often or sometimes
- Women reported this more (71% compared to 66% of men).

33 Campaign to end loneliness (n.d.) *Measuring your impact on loneliness in later life*. London: CTCL. www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf p. 17

34 Steptoe, A., Demakakos, P. and Wardle, J. (2013). *Social isolation, loneliness, and all-cause mortality in older men and women*. Proceedings of the National Academy of Sciences. 110 (15) pp.5797–5801 www.pnas.org/content/110/15/5797.full.pdf

35 Ibid.

When homeless service users were asked 'How often do you feel lonely?' four out of ten (40%/202) service users reported feeling lonely 'often' and a further 37 per cent (189) feeling lonely 'some of the time'. This compares to just nine per cent of over 52s who report feeling lonely 'often' and 25 per cent who 'some of the time' feel lonely.³⁶

As with the general older population, older homeless service users were more likely to 'often' feel lonely than younger age groups. For example, 21 per cent of 16-24 years old compared to 44 per cent of 55-64 year olds reported 'often' feeling lonely.³⁷ Female homeless service users were also more likely to report feeling lonely 'often' compared to male service users (48% versus 38%).

2.5 Christmas

While many homeless service users reported being lonely and lacking companionship these feelings were heightened at Christmas time. Twenty seven per cent (136) of homeless services users spent last Christmas alone. In particular those aged 45-54 years old were most likely to have spent last Christmas alone (37%). Only 3 out of 10 (29%) service users spent last Christmas with family and only about one in 10 (13%) spent it with friends.

A quarter (26%/130) of homeless services did not know where they would spend this coming Christmas. Over six out of 10 (67%/338) did not expect to spend it with family or friends while 14 per cent expected to spend it alone.

Homeless service users explained that Christmas brought home to them what they were missing and would remind them of happier times of their lives when they celebrated Christmas with others:

"I feel lonely because I don't have my children with me...I get upset and I cry, just keep myself to myself and don't talk at all."
Lorraine

"Everyone is with their families and all the shops are shut...and it's quite lonely if you're just sitting alone, and that can bring on depression and 'oh what's the point' and everybody else is happy and I'm just sitting here..."
Fiona

"At Christmas time, they [others] are preparing the table and enjoying the Christmas moment...[it makes me feel] I want a family."
Kris

A fifth (19%/96) of homeless service users spent Christmas at an event run by a third sector agency.

The importance of homeless services became more apparent during Christmas time when many services that were relied on would shut.

"Christmas is harder, especially Christmas day because most places are shut. You can come here [day centre], normally does Christmas lunch but most other places are shut"
Bob

The services that did run and homeless service user could access over the Christmas period provided the warm and dry place that for a majority (93%/467) was important. However, what was also important for a lot of service users was to spend Christmas with family (63%/289) and friends (65%/303).

³⁶ This specific question features widely on loneliness surveys and features in the ELSA www.ons.gov.uk/ons/dcp171766_304939.pdf

³⁷ This figure for 16-24 year olds is, however, much lower than the 48% of 18-24 year olds who were found to be 'often' lonely by research in 2014 that used an online methodology. Surveys for this current research were conducted face-to-face and there may have been incidences of under-reporting by the young people in the sample. See www.aviva.com/media/upload/The_Aviva_Health_Check_UK_Report_-_Spring_2014.pdf

10 'I was all on my own': experiences of loneliness and isolation amongst homeless people**Paul**

Paul had been homeless living in Birmingham for the last eight months at the time of being interviewed. In his early 30s, Paul has a son and a history of alcohol and drug problems. He had been staying in hostels but found it too difficult living amongst other drug users with his own addiction problems.

Paul's focus is bettering himself so that he can be a supportive father to his son. However, this is a challenge without stable accommodation. A typical day for Paul begins with him meeting with his homeless friends who he met when he became homeless. Together they sit in town, beg for money, food, and alcohol and attend day centres where they can receive a hot meal and a shower.

While he does see other homeless people, shoppers and the police, Paul does not have much meaningful contact with anyone. The police have been especially stringent recently about moving him and other homeless individuals along without giving an idea as to where they should go. Paul speaks to his sister once a week, and talks to his old friends on Facebook but he never meets up with them because of his situation.

Paul remembers a particularly lonely period when he first became homeless when he was unable to see his son for about a month, *'the first week I didn't see him, I was really lonely, I was crying and stuff like that... I sat up all night on my own crying and couldn't get to sleep'*. While Paul now gets to see his son once a week, he still longs for the accompaniment of others. The friends he has made while living on the street have helped Paul survive, yet he still finds himself yearning for someone who is willing to listen without judgement to ease his sense of loneliness.

3. What reinforces loneliness?

While a lack of contact with significant others and particular times of years can contribute to loneliness, the combination of it with social isolation can reinforce loneliness thus making it harder to overcome.³⁸

To overcome social exclusion and isolation the negative labels and associations that are attached to the actions of socially excluded groups must be challenged. Without this, social exclusion can become entrenched and responsibility for such exclusion seen as the result of personal failings rather than looking to address the wider structural causes.³⁹ For example, the stigma attached to being homeless can make it a very hard identity to 'shake off' as some individuals come to accept the (negative) judgements of others.

Since becoming homeless many of the people surveyed reported negative experiences with other people that made them feel worse and judged. The stigma attached to their situations could generate a sense of shame and despondency at being homeless and contribute to them withdrawing further from others, and compromising their attempts to leave homelessness behind.⁴⁰

"[I'm] never going to get much [contact] with the general public, once they see your rucksack ... normal people you tended to avoid, people are not really interested in some scrumpy oik with a rucksack on his back" Bob

3.1 Stigma and shame

Two thirds (66%/334) of homeless service users surveyed said since becoming homeless they were treated differently by others. Passers-by and those that homeless service users saw during their daily lives were said to be very judgemental towards them. Seven out of 10 (72%/360) reported feeling that others would treat them as if it was their own fault they were homeless.

"I don't think people look on homelessness as serious – some people anyway – and sort of think to themselves they're a waste of time – they sort of don't consider that they've had a life and what has brought them to this point."

Fiona

The stigma that homeless service users felt from others translated into 71 per cent (358) feeling ashamed of being homeless.

"Just telling someone, 'oh, I'm homeless' just felt like, shit, I'm a tramp."

Joel

They explained that people would avoid, ignore or stop speaking to them generating a sense of superiority and looking down on them. This made them feel as if they did not belong to society and were actually 'second-class citizens'.

"I haven't seen them [children] for two years due to my divorce, since then – my

38 Zavaleta, D., Samuel, K. and Mills, C. (2014) *Social Isolation: A conceptual and measurement proposal*. OPHI Working Paper No. 67. Oxford: OPHI. www.ophi.org.uk/wp-content/uploads/ophi-wp-67.pdf

39 Rokach, A. (2005) "Private Lives in Public Places: Loneliness of the Homeless," *Social Indicators Research* 72, no. 1: 99–114 and Singh, A, and Misra, N. (2009) "Loneliness, Depression and Sociability in Old Age," *Industrial Psychiatry Journal* 18, no. 1: 51.

40 Social exclusion can be understood as a process which involves many different types of actors – both institutional and human – and denies equal access to social, cultural and economic resources or services. One important means of justifying or legitimating the exclusion of some by a dominant group comes about the process of 'Othering'. This objectifies and invents categories and labels (containing generalised negative assumptions) that characterise people and their behaviour belonging to those labels. This 'objectification' allows other social actors to break the moral rules of social relationships. See www.gsdrc.org/document-library/inequality-as-process-and-experience/

12 'I was all on my own': experiences of loneliness and isolation amongst homeless people

life has been rock bottom. I've tried to get back into society, but when you're homeless people look down on you...in general...can't trust you...it's hard."
Illyas

Overcoming the multiple forms of exclusion that homeless people face⁴¹ is made harder by these experiences that undermine self-confidence or a feeling that they deserve help and can be helped.

Just under half of homeless service users (44%/217), having internalised negative judgements of others, felt that they did not deserve help. This was particularly the case for women service users for whom nearly half (49%) felt that way.⁴²

"People used to look down on ya, and say words and their words would really harm me."
Joseph

The verbal and physical abuse the homeless service users reported served to further reinforce the stigma they felt. Abuse could include being urinated on.

"Well you get pissed on, you get abused, 'get up or I'm gonna piss on you you tramp'...they judge you...nearly every day...especially round rush hour...it's really horrible...but you've gotta take it on the chin...sometimes I'll tell them to shut up but I end up at the police station...for shouting abuse back."
Jim

"...it's just a bit more of a struggle with the dog, and you get your stuff robbed a lot, five times this week I've been robbed."
Shauney

This treatment would make things much

worse and for some was enough to make them fearful about sleeping out at night:

"You'd have to sleep with one eye open"
Marie

The internalisation of the stigma of homelessness eroded many people's sense of self-worth: 75 per cent (381) said their experiences of homelessness had had a negative effect on their well-being.

"I feel degraded and self-harming, I did used to do self-harming, very depressed."
Lorraine

3.2 Self-withdrawal

Another common impact of loneliness and the stigma of homelessness was withdrawal from others and support services that could help them. Many homeless service users felt ignored or not acknowledged by others to the extent that seven out of 10 (71%/357) said they often or sometimes felt invisible to others.

"Nobody wants to talk to me, so you find yourself isolated cos they don't understand you."
Robin

For some this meant that contact with family and friends was curtailed in part because of the shame they felt about their circumstances. Of those surveyed, 64 per cent (324) said relationships with family and friends had deteriorated since being homeless.

"I don't like them seeing me not looking after myself and stuff...cos it's embarrassing int it? Cos I look rough and it's just a bit degrading when you see them, it just upsets them...that's my

41 Thames Reach (2012) *Multiple Exclusion Homelessness in the UK*. London: Thames Reach. www.thamesreach.org.uk/publications/research-reports/multiple-exclusion-homelessness-in-the-uk/

42 Boydell, K. M., Goering, P. and Morrell-Bellai, T. L. (2000) "Narratives of Identity: Re-Presentation of Self in People Who Are Homeless," *Qualitative Health Research* 10, no. 1: 26-38.

brothers and sisters..."

Sarah

Without support from those close to them, and facing hostility and/or apathy from the general public, some homeless service users would withdraw further from those around them. Over half (53%/266) of homeless service users also reported being less willing to continue with or seek out support services.

"...You get fed up of being put down, being ignored and being robbed...and that's when you feel it's harder because of that reason...you feel like no one cares... so you start to separate yourself from people."

Shauney

"When you're homeless, you don't feel good about yourself because you don't have a roof over your head, you can't do the general things like wash and things, that's what I mean by isolated...you just withdraw."

Michael

This withdrawal can generate a sense of despondency alongside a sense that no one cares:

"When I lay asleep on there I just think to myself 'is this ever gonna change? Am I ever gonna find somewhere?' I've had two heart attacks since I've been on the streets! You do get lonely sometimes, and yeah I do cry sometimes...am I ever gonna get anywhere that's gonna be warm, and have clothes...?"

Thomas

"I didn't want to ask people for help, just in case they didn't want to, or I was putting too much onto them...I didn't want to do anything. I'd get in to that corner, then once I was in that corner I couldn't get out of it like."

Joel

4. Leaving loneliness behind?

Moving on from homelessness is hard for a range of well documented reasons.⁴³ When combined with the emotional difficulties induced by the stigma of loneliness and isolation moving on becomes an even greater challenge.

"I need to sort myself out first... don't wanna get married and be on benefits, I want to be working!"
Illyas

Research shows that effectively preventing or ending homelessness centres on improving a person's social and economic position (alongside meeting housing needs).⁴⁴ Not only does finding employment bring financial return but it also helps integrate an individual into new social networks.

Yet for seven out of 10 (71%/359) homeless service users being homeless had had a negative impact on their ability to look for work. Furthermore, a similar proportion (70%/354) felt that since being homeless their ability to maintain or secure a job had decreased. While half (50%/253) said that continuing with any existing training or courses became harder since being homeless.

The support needs of homeless service users also presented a further barrier to overcome when trying to leave homelessness and loneliness behind. Six out of 10 (58%/291) admitted that they had had issues with alcohol or drugs in the past. Over a third (35%/177) said that this was still a current issue.

"I know I would have been paranoid to come to [X] if I'd still been drinking, cos I would have thought they could smell the alcohol... I think it is the fear or what people

think of you... even though I was a drunk I knew I felt ashamed of myself... then there's the guilt, I'd drink again to cope with the guilt, it really is a head wreck, a horrible life, I feel like I've been in hell."

Marie

Managing homelessness alone meant alcohol became a means of coping for some: one service user equated alcohol as a surrogate friend: "my best friend" (Marie).

"...you feel so lonely its crap, you don't want to wake up in the mornings cos you don't want to spend another day on your own ... that's what started my drinking... I'd get arrested... get into trouble, not look after myself, my health, just deteriorated."

Sarah

"The way I felt I just felt useless and hopeless... I felt I had nothing to give to the world... for a period of one and a half years I felt like that... I started not really looking after myself and started to drink... the days are long."

Barry

Furthermore, what the survey reveals is the measures that some would take in terms of trying to manage their loneliness, none of which served to address their isolation. Just over a third (34%/170) said that they had committed a crime or form of anti-social behaviour in the hope of being taken into custody; 30 per cent (153) had attended hospital in the hope of being admitted and a similar proportion (27%/135) of homeless service users said that they had formed an unwanted (sexual) relationship with someone since being homeless.⁴⁵

⁴³ Reeve, K. (2011) *The hidden truth about homelessness Experiences of single homelessness in England*. London: Crisis. www.crisis.org.uk/publications-search.php?fullitem=310

⁴⁴ OSW (2007) *European Research Study into Homelessness and Employment*. London: OSW. www.crisis.org.uk/data/files/TMD_London/european_research_homelessness_and_employment.pdf

⁴⁵ There were gender differences within these 'actions' especially with women more likely to take unwanted partners: 39% of women compared to 24% of men. Worryingly 64% of female service users reported a history of domestic violence.

Marie

At the age of 45, Marie said she was just starting to get a handle on her life. Suffering from a background of heroin and alcohol addictions and domestic abuse, Marie has lived a difficult life and has become estranged from those closest to her. Even though she has been clean for five months, her parents do not speak to her, having given up belief in her ability to change.

Marie first became homeless in 2012 when she left her abusive partner and with no other options, turned to living on the streets. Her daily routine involved finding someone else who was drinking on the streets. Drugs and alcohol were a medium for having contact with others in a similar situation to her own. While at the time Marie found it easy to make friends in these situations, looking back on it now, she describes herself as vulnerable and lucky that she was unharmed.

Even after being admitted to a few different refuges, Marie kept making herself homeless, almost intentionally so, *'cos I felt lonely if I got somewhere to stay like a refuge, I'd choose to be homeless again'*. She shared that she was asked to leave a refuge on a few different occasions for drink and drug use. If Marie felt alone sleeping rough, she would intentionally get arrested or admit herself to a hospital. Once she threatened to cut her wrists with a razor blade and to her relief, was provided services and support.

Marie is now in more stable accommodation and has taken back control over her life from alcohol and drug dependency. Going to Crisis classes and attending AA groups have given Marie a more positive outlook on the future. She hopes to get back in touch with her son and continue on a path towards recovery.

5. What can be done?

Homeless service users felt that more could and needed to be done to not only address the causes of homelessness but focus was also needed to alleviate the debilitating experiences of isolation and loneliness. Previous Crisis research has shown that even when homeless people approach their council, and are entitled for advice and assistance, many are simply turned away with no solution to their housing crisis nor feeling they had been properly listened to.⁴⁶

5.1 Someone to talk to

Being able to talk to someone and share problems is often the first step in addressing personal difficulties. Yet the survey findings shows the extent of isolation homeless service user's experience (33% never have contact with family; 34% have contact with friends once or twice a month or less). Counselling and mental health services need to be accessible to homeless people and be made available within hostels and day centres.

"It was really lonely because I had no one to speak to...horrible."

Gloria

Over a quarter (28%/142) of service users wanted someone to talk to and stressed the importance of having someone to talk to that is open and receptive to their problems. It was important they could 'get things off their chest' rather than bottling problems up.

"The first week I didn't see him, I was really lonely, I was crying and stuff like that...I sat up all night on my own crying and couldn't get to sleep. When I saw someone the next day I talked to him about it...he said he could imagine what I was going through...to speak to someone and just get it off my chest, it is nice yeah."

Paul

"I felt as if I was bottling it up and I needed to talk to someone before it started eating away at me. The more I thought about it the more lonely I was getting because I wasn't trusting anyone around me ... Opening up had a big impact because I felt better on the inside."

Gloria

This desire for having someone to talk to can, however, potentially run into a problem whereby when service users do reach out to others they are not guaranteed a warm reception.

"...sometimes, some of them [general public] are quite nice...someone will stop and take time to talk to us, then you get the ones who have seen you and do the quick step away, then the ones who pretend to be on their mobile phones..."

Dean

5.2 Challenging stigma

Survey participants felt that only when homeless people had more meaningful contact with other (non-homeless) people then the stigmatisation of homelessness and myths about it could begin to be addressed.

"...it's not just someone treating you like shit like they always do, it's someone respecting you, it feels good to be fair when someone actually notices you and has a conversation with you."

Joel

As it was, many homeless service users felt the general public's understanding of homelessness and its causes was limited which contributed to the abuse they experienced.

⁴⁶ Dobie, S., Sanders, B., Teixeira, L. (2014) *Turned Away: The treatment of single homeless people by local authority homelessness services in England*. London: Crisis.

“Cos they don’t understand what it’s like for a homeless person, if you could understand what it’s like for a homeless person I don’t think they would do it [be abusive].”

Thomas

“...I don’t know, in some ways it don’t help, it don’t help...cos like the way people look at homelessness, I think homeless people already have an idea built up in their heads of what people think of them, so cos of that people feel low, and ‘I’m just existing’ kind of thing’.”

Dean

Over all a fifth (19%/98) of homeless service users wanted there to be more organisations offering support and almost a quarter (23%/114) wanted more information to direct them to where they could speak to someone and get support.

There is a growing interest in developing policy and practical solutions to tackle loneliness, particularly amongst the elderly.⁴⁷ These initiatives must also address the loneliness of younger, socially excluded adults including homeless people and involve homeless agencies.

Ending homelessness is more than just putting a roof over someone’s head. Support is needed to ensure people have the opportunities to build new networks and re-connect with others and, in the process, challenge the negative labels attached to being homeless.

5.3 Importance of local support services

Many homeless service users appreciated the services and organisations they had access to – for some they had been a life-line. These services served not only as places where people could receive advice and assistance but they were also crucial places for people to meet with others.

“I try and get involved with as many classes as I can...it’s just being amongst people”

Elaine

“It makes a lot of difference having someone there to lean on, you can get lonely sometimes where you’re with someone but it’s not the same, especially being homeless.”

Sara

47 See www.jrf.org.uk/people/loneliness

18 'I was all on my own': experiences of loneliness and isolation amongst homeless people**Ronnie**

Ronnie first became homeless when he was 16 years old and has been homeless on and off since then. The instability he has experienced is a result of family breakdowns, going to prison, and struggling with a drinking problem. After his mother passed away and he found out he would be 'Dad' in his early 20s, Ronnie's life took a turn for the worse.

Ronnie found himself without a network of support and turned to drinking to cope. As a result, he lost control over his life and ended up sleeping on the streets. Ronnie describes living on the streets as an extremely lonely and difficult period, *"It's horrible... I'm lonely all the time, I want a partner and it can't happen with the position I'm in, I can't have a partner when I'm on the streets, you don't want to meet someone on the streets."*

His depression is made worse by living on the streets with feelings of loneliness further agitating and provoking anxiety. Ronnie regrets not being able to have seen his children for many years but sorting out visits with them is stressful especially after being refused contact in the past. He feels that his children are the main thing that could make him feel less lonely.

Ronnie does not think that people want to help him make his life better or support him in reuniting him with his children. He feels that he has been judged without people understanding his situation or his past leaving him feeling isolated and alone. While Ronnie would like to get a job, improve his mental health, and turn his life around, without roof over his head he feels trapped in a cycle of instability.

6. Conclusion

Findings from the survey of 506 homeless service users reveal the extent and scale of social isolation and resulting loneliness they experience. As a group they are disproportionately affected by loneliness on a scale that is more than three times that of the section of the general population normally associated with being lonely – those middle aged and older.

Homeless service users are unsatisfied with the amount of contact they have with people who are important to them. The contact that they do have with others is not meaningful enough to abate feelings of isolation or loneliness. Almost three-quarters of homeless service users felt they lacked companionship and over half often or sometimes felt left out. In an emergency, more said they would have to call on a voluntary worker from a charity than could call on a friend.

Christmas is a difficult time of year for homeless service users provoking memories of Christmas past before they were homeless. While spending it with family and friends is important to them, few actually do. Three out of 10 spent last Christmas alone and only one in 10 spent it with friends. A quarter did not know where they would spend this Christmas.

Overcoming and addressing social isolation and loneliness is difficult. Homeless service users face the 'double stigma' of the shame they feel at being homeless but also the stigma of loneliness. The abuse service users' face reinforces the feeling that they do not belong to society and undermines a sense that they are deserving of help. As a result, some withdraw further from others and potential sources of support.

Being lonely and homeless made finding work or continuing with support to begin the journey out of homelessness difficult and hindered service users' attempts to re-connect with others. Some went to extreme lengths to reach out to others: trying to be admitted to hospital or taken into police custody while some spent the night with an unwanted partner. Drink and drugs were a solace for others.

More needs to be done to recognise and address homeless people's isolation and loneliness. Service users called for more support services and better sign-posting to organisations that can help them to be available. Many felt challenging the stigma attached to homelessness is needed to combat the way in which homeless people are treated as second class citizens and not worthy of empathy or help. Lastly, what most homeless services users want, much like everyone else, is to be able to talk about and share their problems with someone; connecting in a meaningful way that affirms their own existence and (re)establishes ways to overcome isolation and loneliness.

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