

# Social networks in hostels

Practice briefing for frontline staff

## Produced by

The Innovation and Good Practice Team

## Acknowledgements

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## Let's end homelessness together

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## Introduction

A study<sup>1</sup> into the relationships of hostel residents who use drugs and/or alcohol has found that the relationships they have can play an important role in supporting and resourcing them to begin and maintain recovery from addiction. This briefing details the key findings of the research.

In 2015, Homeless Link supported Dr Caral Brown to deliver two workshops for hostel staff about the research findings. During these sessions we sought feedback from delegates about their experiences in supporting positive social networks. Their practice suggestions are included below.

## The research

Researchers from Oxford Brookes University and Kings College London conducted interviews with 30 residents from hostels of varying size and type in three English cities. The participants included nine women and 21 men, all of whom reported using drugs or alcohol.

The researchers explored the types of relationships that residents have in order to establish the nature and extent of their social capital (the benefits that individuals gain by participating in groups) and their recovery capital (the sum of resources that individuals can draw on to start and sustain processes of recovery from addiction).

The research showed that, despite being a marginalised group in society, hostel residents have opportunities to develop social capital which can lead to recovery capital.

## Types of relationships

Researchers categorised the hostel residents' significant relationships into six types:

Family members	Friends outside of the hostel
Professional	Current and former partners
Other hostel residents	Enemies

Despite some problematic relationships, residents were not devoid of social capital. They had diverse forms of practical and emotional support that were often reciprocal. These offer protection, companionship, and love. People would cook them meals, take care of their possessions, loan them material resources, but also look after their children, provide them with a roof and encourage them to address their addiction.

Sometimes progress was undermined by difficult family backgrounds, relationship breakdowns, bereavements, drinking and drug use, mental health problems, lack of trust, broken confidences, and dishonesty.

The stability provided by relationships was often uncertain. Most stability came from staff and other residents but these were unlikely to last due to the transient nature of hostel life. Residents wanted stable friendships and the most reliable, offering both emotional and practical support, were those which could be described as 'family-like'.

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<sup>1</sup> <http://onlinelibrary.wiley.com/doi/10.1111/hsc.12215/pdf>  
<http://www.sciencedirect.com/science/article/pii/S0955395914002783>

## Using technology to build social networks

The researchers found that many of the residents developed and maintained their social networks through the use of information and communication technologies (ICTs). They found that these relationships increased the social and recovery capital of the residents, overcoming isolation and loneliness, and were often with people who were not in the homeless and substance-using worlds.

## Difficulties and risks

The development of social networks was difficult for residents due to a range of factors such as mental health conditions, relationship breakdown, lack of trust and dishonesty in addition to residents having experienced difficult family backgrounds and bereavements.

Some relationships had a negative impact on recovery and could be problematic. Residents report that relationships with peers lead to them being encouraged to use drugs or break the law and when relationships broke down this had an adverse impact on their mental wellbeing. Relationships were also affected by homelessness and the environments in hostels; shared bedrooms or communal spaces leading to some residents avoiding eating or using other facilities (such as computer rooms).

## Good practice suggestions

As positive relationships have been shown to increase the resources available for residents to begin and sustain recovery, staff can take action to support this process. Staff and managers should:

- Recognise the impact of professional relationship with residents and use opportunities to talk
- Encourage and support residents to establish and sustain positive social networks
- Provide therapeutic support and skills training to aid development of relationships
- Support residents to identify and build upon their positive and reliable relationships
- Consider ways of increasing access to information and communication technologies e.g. Skype, online social networks

Together with the researchers, Homeless Link conducted workshops with hostel support workers to review the research and consider different ways in which hostels are and could support residents to develop social networks.

Practical suggestions included:

- Visitor policies and open days/activities so that residents can invite family and friends
- Graduation ceremonies and leaving parties for both residents and staff to acknowledge and celebrate these important transition points
- Using Outcomes Star or other keyworking tools that prompt discussion on family and social networks
- Including social networks like Facebook in your digital inclusion activities
- Helping people create and use an email account
- Using family tracing and reconnection services such as Salvation Army, Red Cross or Missing People
- Offer parenting support groups and, where appropriate, support to contact children
- Using visuals e.g. spider diagrams – people drawing their relationships/networks
- Staff training on professional boundaries and support around the emotional impact of their work

Overleaf are some suggestions of ways you can work with residents to encourage positive relationship building.

<p><b>When to talk about social networks</b></p> <ul style="list-style-type: none"> <li>• Referral</li> <li>• Assessment</li> <li>• Support planning</li> <li>• Key work sessions</li> <li>• House meetings</li> </ul>	<p><b>Places relationships can develop</b></p> <ul style="list-style-type: none"> <li>• Peer support groups</li> <li>• Internal/external workshops</li> <li>• Community services (e.g. day centres, churches)</li> <li>• Voluntary jobs</li> <li>• Employment, training and education activities</li> </ul>
<p><b>Staff skills and approach</b></p> <ul style="list-style-type: none"> <li>• Personalised support</li> <li>• Not making assumptions</li> <li>• Being curious</li> <li>• Asking about faith and culture</li> <li>• Empowering and asset-based</li> <li>• Recovery focussed</li> <li>• Psychologically informed</li> <li>• Listening well and having honest dialogue</li> <li>• Good relationships with visitors</li> <li>• Key workers matched to clients based on interests and personality</li> </ul>	<p><b>Support needed by staff</b></p> <ul style="list-style-type: none"> <li>• Reflective practice</li> <li>• Consideration of the emotional needs of staff members</li> <li>• Information about professional boundaries</li> <li>• Regular training e.g. mediation</li> <li>• Negative behaviour towards staff members is addressed</li> <li>• Provision of regular supervision and opportunities for staff to provide feedback</li> <li>• Training on factors that can impact relationships and communication e.g. autism, traumatic brain injury, trauma</li> </ul>
<p><b>What your service can offer</b></p> <ul style="list-style-type: none"> <li>• Information signposting</li> <li>• Providing information about rights</li> <li>• Peer mentors/buddies</li> <li>• Clear policies around access of under 18's, visitors, overnight visits and dogs</li> <li>• Access to IT and social media</li> <li>• Service user involvement</li> <li>• Support to access family mediation and reconnection</li> <li>• Social activities and trips</li> <li>• Open house/family friendly events</li> <li>• Life skills training</li> <li>• Encouraging democratic engagement</li> <li>• Create communities within the hostel</li> </ul>	<p><b>Working with women, couples and parents</b></p> <ul style="list-style-type: none"> <li>• Identify co-dependency and individual coping mechanisms</li> <li>• Counselling and mediation</li> <li>• Domestic violence support groups</li> <li>• Parenting support groups</li> <li>• Providing support to contact/meet with children when appropriate</li> <li>• Identifying children and family advisors and support services</li> </ul>
<p><b>Involving others</b></p> <ul style="list-style-type: none"> <li>• Joint meetings and partnerships</li> <li>• Involve family, partners and other professionals where possible and consent is given</li> <li>• Support residents to contact/trace their family, children, partner, friends</li> <li>• Encourage networking</li> <li>• Other agencies on site</li> </ul>	<p><b>Tools that can help</b></p> <ul style="list-style-type: none"> <li>• Outcomes Star</li> <li>• Mapping/drawing: spider diagrams, circle of relationships, life journey</li> <li>• Wellness Recovery Action Plan</li> <li>• NHS five steps to mental wellbeing</li> <li>• Groundswell Escape Plan</li> <li>• Freedom programme</li> </ul>



## **What we do**

Homeless Link is the national membership charity for organisations working directly with people who become homeless in England. We work to make services better and campaign for policy change that will help end homelessness.

## **Let's end homelessness together**

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