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“The group gives me strength”: A group-based intervention to promote trust and social connectedness among women experiencing homelessness

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Abstract

People experiencing homelessness usually face social isolation because of relationship breakdown and social stigma. Women represent a minority and experience more psychological distress compared to men. Only a few homelessness services implement group-based interventions that aim at the social re-integration of people experiencing homelessness. The present research aims to provide empirical evidence supporting the use of group-based intervention to promote trust and social connectedness among women experiencing homelessness. The intervention consisted of 10 open-ended group meetings conducted by a female psychologist-facilitator who stimulated the expression and sharing of feelings within the group. A total of 13 women living in a shelter in Italy participated in the intervention. The evaluation procedure consisted of two methodologies. Semi-structured interviews were conducted at the beginning and the end of the intervention and structured observations were implemented during group meetings. The observation of group dynamics confirmed the benefits of the intervention documenting a transition from isolation

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and self-reference to trust and social connectedness. The results of the interviews showed that women moved from (T1) loneliness, scepticism and passive desire to (T2) connection with others, care, and confident objective. Implications of the results are discussed in terms of lines of action for services for homeless women.

KEYWORDS

group-based intervention, homelessness, shelter, social connectedness, trust, women

1 | INTRODUCTION

Homelessness is the last step of a gradual process of isolation from society. Indeed, living in marginality is not only connected to poverty and distance from services but also to exclusion from decision-making processes and disempowerment as citizens (Shinn, 2010; 2015). According to community psychology, people who live at the margins of society are not able to show their capabilities because their desires do not find the environmental affordances to express them and therefore do not have the choice to engage in valued social activities (Shinn, 2015). In this sense, social, political and economic conditions represent a barrier to exercising internal capacities because they limit the freedom to act (Nussbaum, 2011). In the case of homelessness, people face environmental constraints (i.e., economic inequality, lack of affordable housing and unemployment) that intersect with their individual vulnerabilities (i.e., stressful events, lack of social network and psychophysical problems) triggering the collapse of their life situations (Anderson & Christian, 2003). The intersection between structural and personal factors often leads to alienation, isolation (Aldridge et al., 2018; Bower, Conroy, & Perz, 2018; Omerov, Craftman, Mattsson, & Klarare, 2020), loss of connectedness—that is, the subjective sense of how close a person feels in his/her relationship with the social world (Lee & Robbins, 2000)—and loss of trust in other people and social services (Calvo et al., 2021; Padgett, Hawkins, Abrams, & Davis, 2006; Phipps, Dalton, Maxwell, & Cleary, 2019; Stovall & Flaherty, 1994). In the words of Cook et al. (2005) trust is the “process through which social interaction opportunities involving risk are transformed into trust relations in which the people involved come to trust each other and honor that trust” (p. 121).

Women experiencing homelessness undergo different life events compared to men in the same situation and research suggested that stereotypes and social stigma are gendered for this population (Padgett et al., 2006; Shier, Jones, & Graham, 2011). They represent a minority and, unsurprisingly, experience more psychological distress and lower self-esteem compared to men (Calvo et al., 2021; de Vet et al., 2019). This is why it is important to study specifically women experiencing homelessness and develop interventions that can support their social re-integration.

Traditional homeless services usually fulfil basic needs (Gaboardi et al., 2019). While we recognize this is the first step to ensure the possibility of re-integrating people experiencing homelessness, we suggest it is important to complement material services (food, clothes, house) with group-based interventions. Altena, Brilleslijper-Kater, and Wolf (2010) reported a scarcity of group-based interventions for homelessness and highlighted the necessity to understand how they can lead to positive results. Therefore, the present study aims to provide empirical support for the use of a group-based intervention to promote trust and social connectedness among women experiencing homelessness and living in shelters in Italy.

1.1 | Understanding homelessness and social isolation

People experiencing homelessness go through multiple stressful events throughout their lives, namely experiences that are crucial in people's lives and involve important life changes (Rodriguez-Moreno, Vázquez, Roca, & Panadero, 2021). They have more physical and mental health problems and lower life expectancy compared to the rest of the population (Fazel, Geddes, & Kushel, 2014; Montgomery, Szymkowiak, & Culhane, 2017). Moreover, usually, the lack of a home or a job is only the visible effect of deeper social exclusion (Shinn, 2010, 2015).

Specifically, we focused on the fact that people experiencing homelessness face relationships breakdowns (for example, divorce or family abandonment) and have poor and precarious relationships in and out of the community (Holt, Christian, & Larkin, 2012; Mahbala, Yohannes, & Griffith, 2017; Rodriguez-Moreno et al., 2021). This situation may be caused by or result in homelessness since relationship problems are also associated with reduced likelihood of exiting this type of condition (Nilsson, Nordentoft, & Hjorthøj, 2019). Even when people experiencing homelessness have social ties (such as with family, friends, partners), scholars suggested that their social network may be unable to be supportive because they are made of people who, likewise, face many obstacles of their own. Then, since social networks affect people's recovery, their function and quality should be known (Hawkins & Abrams, 2007; Padgett, Henwood, Abrams, & Drake, 2008; Pahwa, Smith, Yuan, & Padgett, 2019). Along with being deprived of the positive image that loved ones can give back, people who experience homelessness also struggle with the sociocultural stereotypes (Shier et al., 2011) and social stigma of the wider society (Bower et al., 2018; Omerov et al., 2020). As a result, they risk internalizing a negative image of themselves that has a negative lasting impact on their wellbeing (West, Yanos, Smith, Roe, & Lysaker, 2011). In this sense, recovery without social support may prove to be ineffective regardless of the availability of housing (Johnstone, Parsell, Jetten, Dingle, & Walter, 2016).

Against this background, Gaboardi, Santinello, and Shinn (2021) highlighted the importance of building a sense of recognition and mattering within this population. One way of doing so is by addressing the issue of social connectedness and trust in order to help people experiencing homelessness avoid the risk of more relationship failure, build psychological safety in their lives and experience some level of integration within the community (Hawkins & Abrams, 2007).

1.2 | Women experiencing homelessness

Since in high-income countries, most people experiencing homelessness are men (National Alliance to End Homelessness, 2019), women living in this condition still represent an understudied minority in the literature (de Vet et al., 2019). Men and women experiencing homelessness often face similar problems such as poor health, poverty, unemployment and service inaccessibility. However, we suggest that this condition should be addressed considering gender dynamics both in terms of the homelessness experience and when planning successful interventions to overcome it.

Some authors investigating gender differences related to the experience of homelessness found that men tend to report more substance abuse and legal problems, while women experience more sexual, physical, and psychological abuse, violence by a partner (Calvo et al., 2021; Rodriguez-Moreno et al., 2021), and are more at risk for trauma and victimization (Nyamathi, Leake, & Gelberg, 2000). This may be the reason why scholars reported that women, compared to men in the same condition, show more psychological distress and lower self-esteem (Calvo et al., 2021; de Vet et al., 2019).

Moreover, social isolation—one of the main sociocultural factors that contribute to their vulnerability—is marked by a gender-related stigma (Markowitz & Syverson, 2021). On the one hand, men experiencing homelessness may not represent the stereotypes of “masculinity” and the expectations that men should be able to provide for themselves and they should not show their vulnerability. On the other hand, women living on the street are often

considered “unladylike” and their social roles are confined to prostitution or shoplifting (Padgett et al., 2006; Shier et al., 2011). Bassi, Sylvestre, and Kerman (2020) also reported that women participating in a Housing First program had limited community integration because they experienced judgement and discrimination due to their appearance, substance use and sex work.

1.3 | Group-based interventions to address homelessness

There is general agreement on the importance of providing empowering services and interventions that help people move out of social exclusion by fostering mastery, self-efficacy, choice and self-determination (Maton, 2008; O'Shaughnessy & Greenwood, 2020; Shinn, 2015). For example, Gaboardi et al. (2019) recommend that services use a person-center approach that recognizes individual peculiarities and resources and not just limitations and difficulties. Even though social connectedness and integration are often depicted as the main goal of homeless services, resources end up focusing only on meeting basic needs (e.g., food, clothes, and shower) and providing housing (Gaboardi et al., 2019; Quilgars & Pleace, 2016). This happens also because the meaning of “social integration” in homeless services is often quite ambiguous (Gaboardi et al., 2019). Although we recognize that having basic needs fulfilled is a right and the first step to any intervention with this population, we also believe there is a need to complement such traditional services with interventions that target social isolation and promote trust and social connectedness among people experiencing homelessness.

Literature demonstrated that different group settings such as mutual help groups, congregations and community-based mutual-help organizations (e.g., GROW) can empower people in need (Maton, 2008). The group provides a space for sharing fears and desires, allow people to experience a connection through mirroring (Pines, 2013) and a sense of belonging and recognition of the self (Del Rio & Luppi, 2010), which allow for the implementation of restorative processes (Keats & Sabharwal, 2008) thus increasing trust, cohesion and openness (i.e., revelation of the self). In the case of people experiencing homelessness, some results suggested that this type of intervention along with strength-based ones can be beneficial to promote social re-integration (Bani-Fatemi et al., 2020; Dawes, Sanders, & Allen, 2019; Washington, Moxley, & Taylor, 2009), empowerment and a sense of self-efficacy (Gaboardi, Zuccalà, Lenzi, Ferrari, & Santinello, 2018; Koudenburg, Jetten, & Dingle, 2017; O'Shaughnessy & Greenwood, 2020) while enhancing the quality of life and the psychological health among people experiencing homelessness (Bani-Fatemi et al., 2020; Collins et al., 2016; Cruwys et al., 2014; Haslam, Cruwys, Haslam, Dingle, & Chang, 2016; Johnstone, Jetten, Dingle, Parsell, & Walter, 2016; Padgett, Smith, Choy-Brown, Tiderington, & Mercado, 2016). For example, Barker, Maguire, Bishop, and Stopa (2018) found that being able to support others can foster transformative identity developments that help people escape homelessness.

A not-so-very recent review—but also the only one we are aware of—by Altena et al. (2010), which compared different types of interventions for homelessness, found that there is a low number of group-based interventions (three out of eleven interventions evaluated). More recently Marshall, Boland, Westover, Isard, and Gutman (2021) also reported that there is a need to strengthen the empirical research to guarantee the effectiveness of group-based interventions to address this phenomenon. This study aims to provide empirical support for the use of a group-based intervention to promote trust and social connectedness among women experiencing homelessness and living in shelters in Italy. In the aforementioned review, group-based interventions referred to the cognitive-behavioural approach and short-term cognitive-behavioural group therapy and the authors concluded that “it remains unclear whether a group approach is more successful than an individual approach, and what specific ingredient(s) of an intervention create positive results, and whether they will be sustained long-term” (Altena et al., 2010, p. 643). Similarly, Durlak and DuPre (2008) reported that the way the intervention usually takes place can affect the outcomes. For this reason, after describing in detail the group-based intervention carried out with women living in a shelter in Italy and its qualitative evaluation procedure, we will present along with the individual changes that participants reported also the group processes that characterized the intervention.

2 | METHOD

2.1 | Context of the study

According to the latest data (Istat, 2015) women represent 14% (6239) of people experiencing homelessness in Italy. Women reported family relationship breakdown as main cause of their homelessness. In Italy, the main solutions dedicated to women experiencing homelessness are mother-child family houses, anti-violence centers, shelters, Housing First and group home apartments (Istat et al., 2015).

Participants of this study were women living in a shelter located in an urban setting in the North of the country. The shelter was selected as it was interested to complement material support with psychological and relational one. The shelter usually assigns beds on a weekly basis and allows women to stay between six in the evening and eight in the morning. However, when the COVID-19 pandemic broke out in March 2020 this specific shelter, as many others in Italy (fio.PSD, 2020), allowed for daytime stay so that women did not need to go out of the shelter and expose themselves and others to the risk of the virus. Moreover, the shelter restricted access for new people, meaning it was not possible for new women to become guests of the shelter and also attend the intervention that we will describe.

2.2 | Participants

Thirteen women in total participated in the intervention. The age of participants ranged from a minimum of 20 to a maximum of 64 although not all of the guests reported their age. The majority of women (9) had children. Only one woman lived with her daughter inside the shelter, while the children of the others were living with some relatives both in Italy and in their countries of origin. Table 1 summarizes the main demographic characteristics of each participant.

TABLE 1 Demographic characteristics of participants

Name	Age	Country of origin	Children	History
Lo	26	Senegal	No children	Asylum seeker
Li	24	Nigeria	Pregnant with the first child	Economic difficulties in the family, prostitution
F	45	Philippines	1 son in the Philippines	Came to Italy to get medical treatments
E	44	Moldova	1 son in Moldova	Addiction
Cr	39	Italy	1 daughter	Addiction
A	64	Ukraine	2 children	Came to Italy to earn some money and get medical treatments
V	35	Italy	No children	Addiction
E	NP	Italy	Not reported	Job loss
Ce	NP	Congo	2 sons in Africa	Asylum seeker
S	NP	Morocco	3 children in a foster home in Italy	Not reported
M	NP	Dominican Republic	1 daughter living in the same shelter	Came to Italy with her daughter to claim her husband's inheritance
Ci	NP	Ghana	5 children in Ghana	Came to Italy to earn and send some money to her family
Ta	NP	Italy	No children	Addiction

Note: NP: Did not provide this information.

2.3 | Description of the Group-Based intervention

The intervention consisted of 10 group meetings of 2 hr over a period of 4 months from January to April 2020. Group meetings were conducted on a weekly basis by a female psychologist-facilitator. The group meetings were held in the dining room of the shelter, with the women arranged in a circle. Due to the outbreak of COVID-19 six meetings were run in-person and four online. This intervention was structured based on the literature presented in the introduction and also by following some guidelines provided by David, Rowe, Staeheli, and Ponce (2015) on the importance to create a low-demanding environment, promoting support between women, and using a team of women (psychologist-facilitator, observer, supervisors). The group was an instrument to promote emotional connection and mirroring and build relational skills. It also helped in managing communication so that coexistence could be ensured in the shelter. The psychologist-facilitator ran the group, who was the real protagonist of the intervention as it decided on the topics to be addressed according to the needs of its participants and the relationships established among them.

Due to the functioning of the shelter, as previously described, it was not possible to ensure that the women participating in the group-based intervention were the same for all sessions—at least before the pandemic outbreak. For this reason, the group was managed as “open-ended”. Within the psychodynamic approach, open-ended groups can be defined as groups where new individuals may join at any time and members can come and go throughout the life of the group (Tourigny & Hébert, 2007). These groups work on the tenet that their essence remains the same over time regardless of whether the same participants attend as people are free to join activities when they have already started and attend as many sessions as they can (Schopler & Galinsky, 2005). These types of groups seem to suit the characteristics of the social reality under investigation as the turnover in the everyday practice of social services is high.

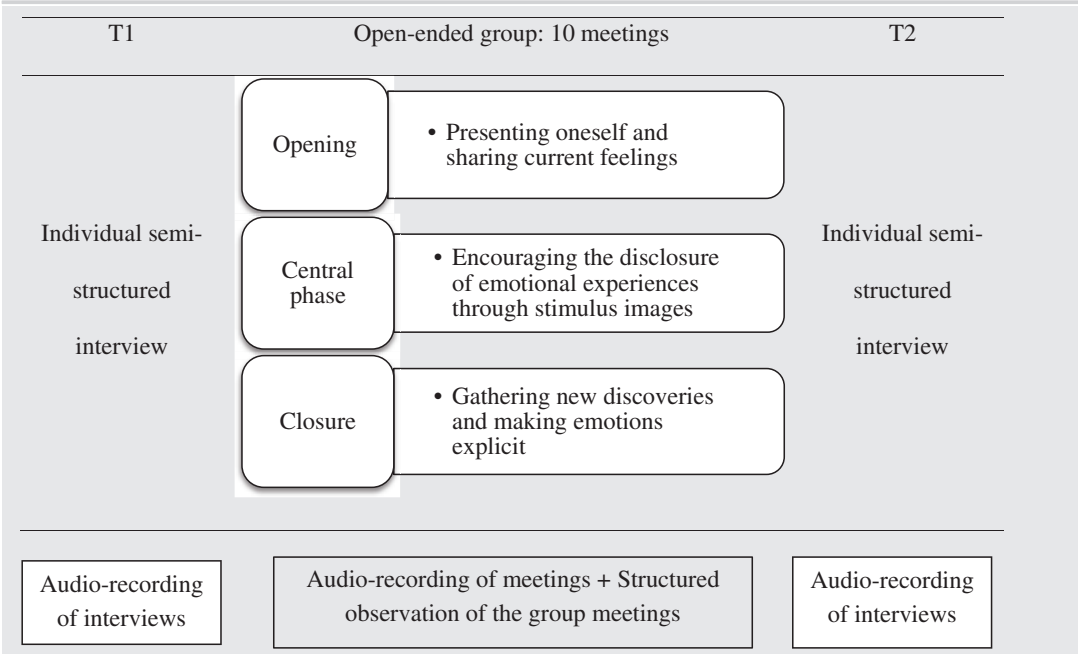
Each meeting had a fixed structure: (a) Opening: women were invited to present themselves sharing emotions and completing the sentence “I am (person's name) and today I feel...”. Because participants in the group could potentially change every week and new women could join, this type of opening had the aim of encouraging the foundation of the group and debriefing on what had emerged in the past meetings; (b) Central phase: women were invited to disclose their emotional experiences through stimulus images; they were supported by the psychologist-facilitator in choosing images and share them with the group; (c) Closure: women were invited to answer the question “How are you and what are your takeaways of this meeting?”. The objective of closure was to gather new discoveries and make women's emotions explicit.

2.4 | Evaluation procedure

Table 2 summarizes the group-based intervention and evaluation procedure.

Participants completed an individual semi-structured face-to-face private interview with the female psychologist-facilitator before (T1) and immediately after (T2) the intervention (i.e., the 10 group meetings). The interviews lasted 1 hr, were audio-recorded and investigated the following aspects: life history, representations of the experience of homelessness, perception of the usefulness of services that women had accessed before, exploration of women's basic social skills. In addition, during the interview at T1 the psychologist-facilitator tested women's willingness to be part of a group by asking them to share their stories in a group and exploring how this would make them feel. During the intervention group meetings were audio-recorded and passive structured observation of the group meetings (Gobo, 2001) was also used. A female undergraduate psychology student participated in the group sessions without intervening. She used structured grids that had been constructed in order to capture actions, language and non-verbal behaviour, focusing on group climate and dynamics, that is, how women related to the facilitator, how they related to one another, and what important event happened in the group sessions. Evaluating the group climate, both through direct observation and by allowing participants to express their own feelings in the opening and closing phases of each meeting, was a very important indicator to assess the well-being of the group.

TABLE 2 Process of the group-based intervention and evaluation procedure



2.5 | Data analysis

We ensured the trustworthiness of the findings by triangulating data through different types of methods (interviews, group meetings and observations) as recommended in qualitative analysis (Shenton, 2004). Indeed, individual interviews and group meetings were transcribed *verbatim* forming the data corpus together with the observational grids. Potentially personal information was removed from transcripts and pseudonyms were developed for participants. The psychologist-facilitator and a female undergraduate psychology student, who had previous experience in qualitative analysis, carried out a handwritten descriptive reflective thematic analysis (Braun & Clarke, 2006, 2019). They read and re-read transcripts drafting initial codes by an inductive process. Then, they searched for “patterns of change” before-and-after intervention on women's' relational skills. Semantic themes were created and revised with the help of two supervisors. The supervisors did not participate directly in the group-based intervention but read all the transcripts, helping in better (re)defined themes. The high number of informants enhanced the trustworthiness of our data analysis (Shenton, 2004). Data analysis was recursive as “the analytic process involves immersion in the data, reading, reflecting, questioning, imagining, wondering, writing, retreating, returning” (Braun & Clarke, 2021, p. 332). Moreover, the researchers were all community psychologists with some professional experience in homelessness. Their background was instrumental in enhancing the reflexivity of the research team in order to better interpret results (Braun & Clarke, 2019).

3 | RESULTS

Figure 1 summarized the results. At the center of the figure are the main results of the observation of group intervention. Results show how this particular group of women experiencing homelessness operated during the sessions. On both sides is the description of the themes before (left side: T1) and after (right side: T2) the intervention and indicating changes that women reported.

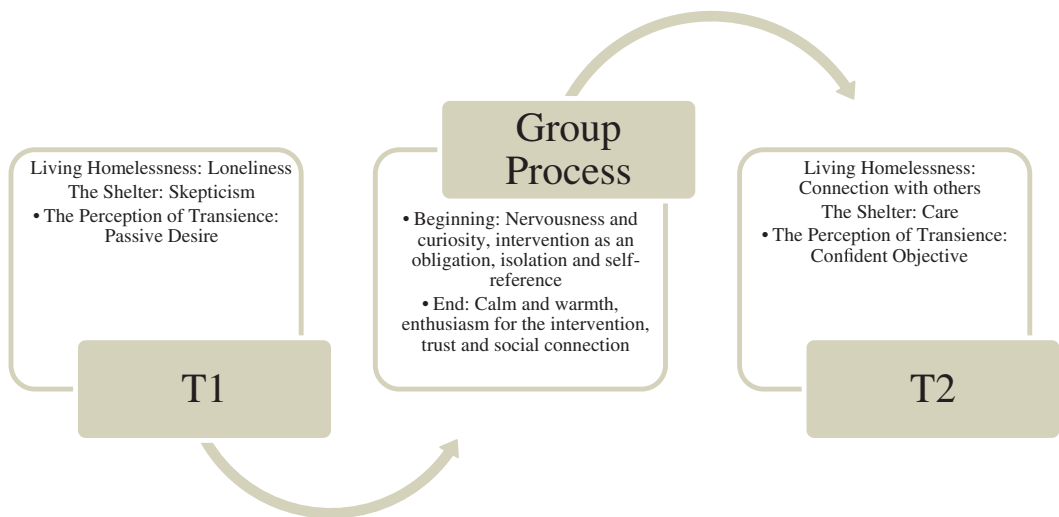


FIGURE 1 Results of the group-based intervention

3.1 | Group observation

At the beginning of the intervention women expressed nervousness and a very hard distrust of the group. During the intervention this distrust was overcome as women recognized their need to connect to other human beings. They started to share not only personal emotional aspects but also relational difficulties. The group ended up being an opportunity to be supported and women then showed enthusiasm, for example, saying they were looking forward to meeting up on Mondays. The group became a free space where women were not forced to speak but knew it was possible to voice their needs, concerns and joys. The themes discussed in the group kept getting more intimate as sessions moved further. Women accepted the inputs from the psychologist-facilitator and gave their support—even physically—when others were suffering (see Figure 2 showing participants during a group work).

The analysis of group meetings shows the evolution and transformation of the interactions among women and with the psychologist-facilitator. These transformations were related to two main aspects: (a) trust and (b) social connectedness.

3.1.1 | Trust

At the beginning of the intervention, women saw the group as an obligation: “*I feel obliged to stay here, I don't like to talk about myself in front of everyone*” (Ce.). They expressed their difficulties in opening to others: “*It is difficult to talk... because...if you arrived here, you have wounds inside*” (Cr.); “*I don't know [...] I don't like so much to talk about my life, all my private stuff*” (A.). After the meetings, each woman left the room on their own despite their living together. Even though the psychologist suggested participants should help each other outside the shelter, women seemed to want to keep their lives separate from one another: “*I don't see them outside, when I walk I have so many thoughts in my head*” (Ci.).

As group meetings went on, women started to show more trust among themselves, volunteering to support each other on some occasions, for example, in searching for work and for Italian language course: “*I'll go to the employment office with you first*” (M.); “*I approach her, but she runs away [laughs]*” (A.). Women also realized that collaboration allows them to better handle the suffering and difficulties stemming from life on the street: “*it is important for women to help each other, to live better on the street ... having allies is vital*” (Cr.). They recognized it was important to greet each other and talk to each other when they met outside the shelter. The theme of trust was very connected to that of help because asking for support means also trusting that others will listen and will try to provide some help.



FIGURE 2 A photo of some participants during a group meeting

During the meetings, women expressed their difficulties in doing so: *“it is difficult to ask for help because you can only count on yourself”* (Cr.); *“it is very difficult to ask for help”* (Ci.); *“the others have problems like me”* (S.). In the last meeting, feelings of trust toward the other women and the shelter emerged: *“thank you for consoling me and supporting me”* (C.); *“you have helped me in many things, like being able to talk about my children”* (S.).

3.1.2 | Social connectedness

During the first meetings there was some tension among the women, especially related to the problems of living together daily: *“I’m angry because someone in the shelter spoke ill of me ... but I don’t care, it is difficult to make them discuss in a constructive way”* (L.); *“If there are quarrels, I go away ... I don’t want any problems”* (T.). In some cases, there was also a resistance to change, and all the possible solutions suggested by the psychologist-facilitator, for example, defining some small adaptations to the house rules (time slots for dinner) together as a way to better manage personal needs, were not received. Women showed difficulties in being flexible because of a rigid implementation of rules in these settings: *“the rules have not [been] changed and will never be changed”* (A.).

Guided and stimulated by the psychologist-facilitator—especially through images—women found themselves during the meetings. They also became eager to talk and listen to the stories of other women: *“letting off steam is good because talking frees the heart”* (Ce.). *“I need to be with others”* (A.); *“It is important to talk with someone who listens to you”* (Z.). During the sessions, women learned that talking to the group about personal problems could alleviate their tension: *“it is important to help each other also by respecting the rules in order to live together better”* (T.); *“being able to talk, to understand what is wrong with us can strengthen us”* (Ce.). They also showed more attention to each other’s needs: *“I am happy to have known the stories of the others”* (E.); *“I am sad...for the stories I have heard”* (L.).

When learning about others’ hardships they showed greater physical closeness—caresses, arms around each other’s shoulders—especially when women in need lived in the same shelter room. There was a shift from a climate mainly characterized by nervousness and curiosity *“I feel happy and curious”* (L.); *“I am very nervous”* (F.) to a climate of calm and warmth *“I am happy to be together”* (Ce.). The group became a space to accommodate relational difficulties and personal suffering. Women felt that the group allowed them to express themselves and this

enhanced their wellbeing: *"I feel liberated, I realized that it is important to talk together and share what is good and what is not while we are together"* (L.); *"I am happy to have come here, it was good to talk...it is not necessary to talk too much"* (Ce.).

3.2 | Individual changes among women

Three themes were generated from the analysis of the interviews pre- and post-intervention and represent the individual aspects of change that were activated by the group process. These are: (a) living homelessness; (b) the shelter; (c) transience.

3.2.1 | Living homelessness: From loneliness to connection with others

The experience of homelessness was linked to the difficulty of being alone on the street all day long, an experienced that was lived with a feeling of alienation and abnormality by women: *"It is difficult to stay on the street all day [...] I do not come from the street [...] it is not my world"* (Z.);

"Twelve hours on the street are not a few hours, especially if you don't have money, you don't know where to go. And when there is bad weather what do you do? [...] you can't distract yourself in many ways, you just go around... what do you do?" (T.).

Moreover, homelessness also means loneliness: *"I'm always alone because I don't have any friends... I go to the park and stay on the bench all day because I don't know where else to go"* (L.). During the interviews conducted before the intervention, negative themes such as loss of self and a sense of failure were identified: *"My soul has disappeared. It's hidden I don't know where"* (E.); *"I feel more sadness than anger"* (S.). *"When I arrived (to the shelter) the first night I cried, it felt like moving backwards...it was bad"* (Cr.).

After the intervention, although negative emotions continued to be present, some positive ones were also mentioned, such as feeling good due to their lifestyle change--from being alone on the street to being in group in the shelter: *"I feel like I'm at a turning point [...] now I'm looking forward to Monday [the day of the group meeting] to enter into the community"* (T.); *"Now I feel pretty good, I feel good here"* (S.); *"The nice thing is that if you feel good you can go out and then go back home [the shelter]"* (Ci.).

3.2.2 | The shelter: From scepticism to care

Before the group-based intervention, women reported many difficulties in developing stable relationships of trust: *"I don't trust the others, I am afraid that they will abandon me"* (E.); *"Before talking I have to know what kind of person she/he is, if I can trust her/him"* (A.). The difficulty to build relationships was also due to the organizational functioning of the shelter where *"women come and go"* (A.); *"I would like to have a room all by myself, I would be quieter, calmer [...] there is no friendship because women come and go [...] we talk, but friendship is another thing"* (Cr.).

At the end of the intervention, women appreciated the shelter more as they associated positive features related to protection and care: *"It's a safe place, because, when I go out, I don't understand what people say to me [while here I do understand]"* (Cr.). The shelter was perceived as a relational place where women can meet people who can help and be nice to them, which is something women are not used to. *"All these people are helping me. When you are alone there is no help"* (Ci.); *"I was helped because they [educators] gave me clothes and shoes"* (Ce.). *"I am grateful for having a place to eat and sleep and for the presence of the educators because they are nice"* (S.). Women also started to recognize

themselves as learning and changing individuals as they have acquired new competencies and social skills: *"The shelter allowed me to learn about other realities and other cultures, which gave me new different visions"* (T.), *"In these two months I have learned some words in Italian, I have learned to have more patience [with other women]"* (S.); *"I have learned many things like speaking (Italian) and respecting the others"* (A.); *"I have learned to deal with people with different characters"* (A.).

3.2.3 | The perception of transience: From passive desire to confident objective

Before the intervention participants felt they were in a *"a moment of passage"* (A.) marked by difficulties and resulting from the same previous mistakes: *"If you get here, you have made too many mistakes"* (Cr.). Women focused on a sort of *"wishful thinking"*, imaging themselves to exit from this transience as L. said: *"This is not life, I want a job, a house"*; *"now I study Italian and I go to school to take the middle school exam, then I want to become a healthcare social worker"* (L.); *"Having a job is the most important thing for me, the second (most important thing) is to regain my daughter's trust and be constant (in my life)"* (Cr.); *"I want to go back home. The only thought (I have) is to go back home"* (V.); *"The priority is to have a house, then (once you have a house) the job will come and after that maybe I will be able to build a family"* (T.). The most critical aspect for all women seemed to be how they could fulfil their wishes, which usually remain only desires as women struggle to build actual plans: *"I can't wait to get out, I just don't know where to start, because once you are like this (you don't know)"* (V.).

After the intervention, a more realistic perspective emerged as women expressed the difficulties in fulfilling their wishes and a sense of *"confident transience"* emerged. For example, because of the COVID-19 emergency they stopped searching for a job and yet, despite this challenge, looked at the future with a positive mindset: *"I want to be happy in my life"* (Ci.); *"I am waiting [...] for the [right] moment [to look for a job]. I have not decided yet, I will think about it later [...] I need help"* (Ci.). Women recognized there were different steps that needed to be made in order to turn their wishes into objectives and achieve them. They also recognized the importance of being supported by others and receiving the correct information to make plans:

"I am waiting for the documents and the response from the lawyer regarding my children. At the moment I don't know anything, I don't know where to go...I will find the solution later [...]. I know that I don't want to leave Italy because my children are here" (S.).

4 | DISCUSSION

The present study aimed to provide empirical support for the use of group-based intervention to promote trust and social connectedness among women experiencing homelessness and living in a shelter in Italy. Homelessness is a multidimensional issue connected to social isolation so that it requires an equally complex response both in research and practice. Indeed, along with the fulfilment of primary material needs such as health, work and housing, services should also address psychological and relational needs. The intervention was based on the psychodynamic approach that sees the groups as a space for sharing fears and desires, fostering a reflection on one's relational experience (Del Rio & Luppi, 2010) and helping people who experience homelessness have a sense of trust and connection. As other studies have shown, when people experiencing homelessness have a home available, they risk not actually getting out of their condition if their interpersonal skills and social support network are not restored (Bassi et al., 2020; Johnstone, Parsell, et al., 2016).

The group intervention proved to be highly favourable. The beneficial effects of the group have been documented by the observation of group process. While there was resistance to participation at first, women successively looked forward to participating. Women were able to experience the power of group support (Dawes et al., 2019)

and learn social skills that can be applied to other contexts (e.g., family, community, work). The transition from isolation to social connections is the main result of this intervention which was also supported by the results of the interviews. Indeed, women moved from talking about homelessness-related loneliness, being sceptical about the shelter and experiencing a passive desire around their transience to recognizing the importance of connection with others, of the shelter as a place of care and of developing more confident objectives. The group provided mutual support to women who, after the intervention, spoke of the shelter as a place of safety and support despite initial difficulties in creating trust and building relationships. Without trust in other people women are unlikely to recreate positive relationships given previous relational failures. The future seems to be a topic of constant concern for women, who see their situation as transitory.

Unlike in the beginning, however, women were more optimistic despite concerns on the COVID-19 pandemic which has affected the entire nation (Rossi et al., 2020). Indeed, the pandemic represented a further challenge for these women as it added new struggles (i.e., fear of infection, social restrictions and reduced possibilities of finding work and housing) to the ones already at play, making it harder to get out of severe social marginalization. The pandemic, however, may also have benefitted the intervention. The unexpected possibility of staying at the shelter for longer--throughout the day and not only overnight--gave women the chance to focus more on their own psychosocial needs as their material ones were being met and they were not just in a survival mode. Moreover, the forced proximity with other women who faced similar gender-related issues (i.e., violence, prostitution, maintaining motherhood) may have allowed them to experience more lasting and supportive relationships. Other research reported the positive and adaptive reaction as well as resilience triggered by the COVID-19 pandemic (Asmundson, Paluszek, & Taylor, 2021; Gattino et al., 2021; Tamiolaki & Kalaitzaki, 2020).

The research has some limitations. The first one is time constraint as this was a pilot project. It would have been useful to continue the intervention through fixed, open-ended groups that could help women as they moved out of homelessness. Open-ended groups have no predetermined end date and are characterized by change and heterogeneity because of their fluid membership (Keats & Sabharwal, 2008). In the intervention presented not all women attended all meetings. Despite this, the effect of the group intervention was maintained thanks to the open-ended group approach. For this reason, this type of group can be particularly useful in interventions with marginalized people where the turnover among users is very high. The second limitation of the study relates to the potential influence of socio-demographic characteristics that we did not investigate. We recognize that each women's story is unique and future studies could explore how the cultural, ethnic, and religious differences of these women may influence the building of social connectedness and trust. Indeed, some results suggested that women with different stories will use this type of intervention to develop different types of skills, for example, immigrant women who ended up learning Italian. The third limitation is that because interviews were conducted by the facilitator who also run the intervention there could be a social-desirability bias in our results. Nevertheless, the choice to use only one professional instead of two was based on the fact that women experiencing homelessness are usually very distrustful of others and, as a result, adding other professionals to the intervention structure would not be desirable for its effectiveness. The fourth limitation relates to the support of our results to services. Indeed, albeit promising, in the long run, our results might not support services addressing homelessness as their beneficiaries often have evolving conditions (unstable housing, no self-determined routine, and little autonomy over living space and rules) that limit people's agency. Finally, as we recognized the good effects of the COVID-19 pandemic on the intervention, it is difficult to separate the pure effects of the intervention in enhancing trust and social connectedness from those of the pandemic restrictions. National lockdown measures might have helped women feel safer because of the dangerous situation outside and might have provided more opportunities to develop relationships compared to the previously planned intervention--at a time when women were not forced to stay in shelters all day long. Moreover, the impossibility to do some activities--like searching for a job--may be responsible for the small change in women's "transience" condition. Future research should try to replicate the intervention in order to better understand its effectiveness beyond the pandemic.

5 | CONCLUSION AND IMPLICATIONS FOR RESEARCH AND PROFESSIONAL PRACTICE

Because homelessness is the last step of a gradual process of isolation from society, recent research has sought to facilitate the re-integration of people experiencing homeless not only by focusing on meeting basic needs—which are certainly important—but also by intercepting people's deeper needs to rebuild emotional ties (Phipps et al., 2019). This study indicates the importance that homelessness services help people restore a sense of trust and connectedness to others (Holt et al., 2012) through a gendered group-based intervention. The structure of the intervention, the psychological nature of the approach and female leadership of the group were key to creating a positive and welcoming climate so that women felt free to express emotions and life experiences (David et al., 2015). This leads to new possibilities to work with women experiencing homelessness through traditional homeless services, providing the opportunity to restore trust in themselves, in other people and in the world. The intervention seemed to support these women in re-elaborating their relational failures, gradually showing their available relational skills and creating new ones. Meetings with other women in the same situation helped them start rebuilding even a minimal relational base. Moreover, this intervention allowed women to experience an often-limiting context like the shelter differently. In this way, we tried to create environmental affordances to help women show capabilities that often cannot be expressed due to structural conditions (Anderson & Christian, 2003; Shinn, 2015).

The group is confirmed to be the most appropriate tool for such a work. Indeed, groups allow people to expose their own point of view, confront each other, deepen the understanding of the various issues and obtain a mirroring effect that helps the reconstruction of trust (Keats & Sabharwal, 2008; Maton, 2008; Pines, 2013). Women experiencing homelessness need to have access to safe spaces that help them manage and address their personal relational experiences (Calvo et al., 2021). As noted by Schopler and Galinsky (2005) open-ended groups serve a variety of purposes and seem to be especially suited to help members deal with transitions and crises. Emotional support during a difficult time can be critical, especially for people who have experienced violence, relationship failures or are far away from family, such as the women involved in this research. Nevertheless, as Altena et al. (2010) suggested, there is the need to investigate not only which specific ingredient(s) of an intervention create positive results—as we have done—but also if these positive results will be sustained long-term. For this reason, longitudinal research is needed.

Based on the results, we suggest that homeless services should meet basic needs and implement open-ended group-based interventions in a structured manner to complete their mission of re-integrating marginalized people. As argued before, these interventions should be flexible as to the entry and exit of their members but should also be strict when it comes to setting—day, context and pre-established time. They should be time-free—meaning continuous—throughout people's exit from homelessness. In this way, they would create a mental and physical space that facilitate the re-elaboration of experiences and emotions and would create a sense of continuity against the fragmentation that people experiencing homeless usually live. This type of intervention can be provided both within shelters, which could complementarily meet material needs and psychological ones—as in the case of this research—and in day centers, that already offer different activities aimed at resocialization, or in Housing First projects, that could support more the re-building of social relationships. We believe that this type of group can be extremely useful to guide interventions within services that often offer time-limited solutions. Community psychologists could help services find the necessary funding to establish group-based interventions and should advocate among policymakers by providing them with evidence on the effectiveness of investing in these types of interventions. In this way, these open-ended group-based interventions could be easily implemented within social services and projects in Italy, as in other parts of the world, are always subject to evolving demands from membership and contextual requirements. Emotional and psychological support is a challenge for both services and beneficiaries, but it is the starting point for empowering marginalized people, who can then regain a sense of mattering, dignity, trust and social connectedness. Without opportunities to process experiences, receive emotional support and gain

interpersonal skills, interventions with people experiencing homelessness may not be sufficient for real and lasting reintegration. Please refer to the Supplementary Material section to find the [Community and Social Impact Statement](#) related to this article.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

This study did not involve human and/or animal experimentation.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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