

Homelessness Among Older Adults in Prague

Causes, contexts and prospects

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FOREWORD

The object of our research was to ascertain the circumstances that led older people, especially those in middle age, to find themselves on the street. We also wanted to find out why some of them remained there for so long. The situation of middle-aged people is different to that of young people, the subject of our previous study. Middle-aged people grew up under the communist regime, in which an obligation to work was enshrined in law and anyone living on the street could be sent to prison. Many of them gained professional qualifications and found work. And yet, as time passed, they found themselves down and out, often due to the lack of a stable family environment, inadequate socialisation, and/or an ability to comply with rules. We were interested in how long these people had been living on the street, why they had become chronically homeless, and in which phase of their downward trajectory it would still be possible to mount an effective intervention. Generally speaking, young people have not spent as long on the street and therefore have a better chance of returning to society. This is not so in the case of middle-aged people, because over time they have lost the necessary habits and become accustomed to street life. They would therefore find any fundamental change of lifestyle far more demanding. A problem that afflicts both age categories is an addiction to psychoactive substances (substance use disorder). Middle-aged people tend to be addicted to alcohol, younger people to drugs. Similar findings have been reached in other countries. We also examined how effective the assistance provided by state and non-profit organisations is. The aim was to discover how the service users themselves rated it, to what extent they availed themselves of it, and whether they believed it had helped them.

We also followed up on our research into young people by monitoring developments in their lives subsequent to our study. We wanted to discover whether the people we had interviewed were still living on the street or whether they had managed to escape, i.e. whether and how they had coped with such a fundamental change of lifestyle. It would appear that an important element of any return to mainstream society is having close relationships with people who are not homeless and can assist in the process of resocialisation. Older homeless people do not have such relationships because they have been living rough for far longer. Another point of crucial importance was that younger people had not yet found themselves lumbered with such levels of debt that the sheer amounts involved and the threat of execution proceedings rendered any return to society

and employment impossible. Another significant barrier to resocialisation is a criminal past, which can contribute both to a person finding themselves homeless and remaining so. This was more frequent in our older cohort.

People in both age groups had experienced big problems coping with the demands of adulthood and had been unable to accept responsibility for their own lives. Their unresolved problems escalated over time and led to further social disaffiliation and chronic homelessness. Our analysis of this process may lead to the creation of a more effective system of support and assistance that could prevent such a downward spiral.

The authors

I. INTRODUCTION

1. SPECIFICATION OF THE PROBLEM

To be homeless is to lack any kind of private space, with its formal and emotional demarcations, i.e. to lack a concept of “home”. Being homeless also tends to involve a lack of stable relationships and the safety and security that a home provides. A person’s home forms a stable environment. It is a central feature of the life of every individual. It can both define them and be defined by them, and offers a sense of rootedness and belonging. (The need for a home is evident in the way that many homeless people construct their lean-tos so that they resemble houses.) A permanent place of abode serves as the physical foundation of a home, offering a person the privacy that permits them to create more stable social bonds. The loss of a home leads to reduced feelings of security and safety (Mallett et al., 2010; Nemiroff, 2010; Ravenhill, 2014).

Homelessness is one manifestation of **extreme social exclusion**. It reduces a person’s sense of security and the material resources available to them. The loss of a home and the breakdown of stable social bonds is associated with more general feelings of disorientation and a lack of belonging to a particular social group and society at large. This space is then filled by the homeless community (Mallett et al., 2010). Homelessness is a manifestation of dysfunctional behaviour and problem solving, as well as **complex social failure syndrome**, i.e. an unwillingness or inability to respect societal norms and act accordingly. Opting for a life on the street liberates a person from the pressure to meet all the demands placed on them by society, while at the same time depriving them of the protection that social inclusion provides (Vágnerová, Csémy, Marek, 2012, 2013). Homeless people do not normally suffer mental illness as such, though their social failure indicates that they are not completely psychologically balanced. At the very least, the executive functions¹ on which the regulation of all conduct depends are subnormal. Whatever the proximate cause, such people are unable to exploit fully their potential, deal with ordinary life situations and the stresses arising therefrom, and occupy different social roles (often as a consequence of substance use disorder) (Mohr, 2016).

1 Executive functions are a set of cognitive processes that are necessary for the cognitive control of behaviour.

The concept of homelessness includes many variants of a non-standard existence that is unstable and can change depending on circumstances. The European Typology on Homelessness and Housing Exclusion (ETHOS) takes due consideration of the variability of circumstances such people find themselves in: being homeless is not a life sentence, though by the same token a return to society is not necessarily permanent (Hradecký, 2015). **Homelessness must be viewed more as a process** than a fixed state. It is a reaction to unmanageable problems and represents a last-ditch attempt to resolve them. There are many paths to homelessness and they possess a multidimensional character, i.e. there is always a combination of different factors in operation. People find themselves without a roof over their head for many different reasons. As a consequence, their subjective experience may differ, along with their willingness to strive to change their lives.

In terms of the way that people on the street choose to survive, **two basic forms of homelessness** can be distinguished (Hradecký, 2015):

- **Manifest homelessness** refers to people sleeping rough in public places, e.g. beneath bridges or in drainage canals, railway carriages or illegally occupied buildings (squats). There are fewer people living in full view on the street or in places that are not intended for human abode than there are hidden homeless people.
- **Hidden homelessness** refers to people without accommodation living in dormitories or shelters and/or crashing with friends and relatives. (Low-threshold reception centres or the Hermes vessel [originally a cargo vessel converted into a reception centre and moored on the River Vltava in Prague] do not offer 24-hour accommodation or any personal space, and therefore fall into the first category.) Hidden homelessness can be a transitional phase in the movement from street to society or vice versa.

We can further differentiate between short-term homelessness, which might involve merely a temporary episode lasting months, and chronic homelessness lasting years. The latter has more serious consequences and involves more significant changes to habits, ways of thinking and conduct, and even to an individual's entire personality. Short-term homelessness is deemed sleeping rough for a period of up to one year (Johnson and Chamberlain, 2008). According to the social adaptation hypothesis, the longer a person lives on the street, the more they adapt to this lifestyle. They strike up relationships with other homeless people and begin to adopt their patterns of behaviour. As a consequence, a return to mainstream society becomes more and more difficult. Homelessness can trigger devastating life changes often including alcohol and drug abuse and **gradual desocialisation and/or nonstandard resocialisation** within the homeless community. This decoupling from former values, norms and customs is intensified by the social stigmatisation of homeless people and their rejection by mainstream society. Changes in personality amongst the homeless then continue (Marek, Strnad and Hotovcová, 2012; Vágnerová, Csémy, Marek, 2013; Ravenhill, 2014).

Older homeless people differ from their younger counterparts both in respect of the reasons they find themselves on the street and the period of time they remain there. Middle-aged people may also possess a wider range of experiences than those on offer on the street. Many of them had previously lived a normal lifestyle. They had a family, with all the stability that implies, and a job, by means of which they were able to support themselves and which helped determine their social status and identity. For various reasons they then lost all of this. **Their descent into homelessness is accompanied by a sense of loss** that is not balanced by any significant gain (leaving aside the relative freedom and lack of obligation). People who have lived on the street from their youth and have no other experience to draw on find it easier to adapt to their social exclusion and unusual lifestyle. They did not lose a relationship or career, because they had none to begin with. A separate category comprises people who brought an alcohol or drug addiction with them onto the street. A person may find themselves in such a downward spiral at any time in life.

The age composition of Czech homeless people is changing. This is because thirty years ago (i.e. before the Velvet Revolution in 1989 that brought down the communist regime) nobody slept rough. Homelessness is a phenomenon that only appeared later. Over the last twenty-five years the numbers have been rising. Some people have been living on the street for several years, whereas others, especially young people, are only just arriving. (According to the employees of Naděje, an organisation working with people in need, the numbers of young homeless are rising, and this is confirmed by people who work with drug addicts.) It is therefore difficult to compare the research outputs of foreign studies with our own. Foreign studies are based on completely different assumptions, though they also occasionally note a rise in the number of homeless people in their country. This was the conclusion, for instance, of the American study by Culhane et al. (2013), which found that the age at which people were at risk of homelessness was rising. In 2010 the group most at risk in the USA was aged 49 to 51. In the Czech Republic the increase in the number of older people sleeping rough is more the result of long-term homelessness.

If we stand back and look at homelessness within a broader context, we find it is influenced by a **range of factors that can be both its cause and the reason it becomes chronic.** The greater the number of risk factors in an individual's life, the higher the likelihood that they will end up on the street or follow another downward trajectory and, for instance, end up in prison. An individual's experience of childhood can contribute to this increase in risk factors. The relationships between individual members and the overall functioning of the family unit are important factors, and can be either stressors or sources of support (Ravenhill, 2014). Their experience of childhood will affect the entire trajectory of an individual's life and will impact on the level of education and professional qualifications acquired and their lifestyle choices, including criminal activity and alcohol or drug abuse (Mabhala et al., 2016). The family serves as a nurturing

environment, while its members function as models of the behaviour of adult people. If the family is in some way dysfunctional, this can in turn lead to other problems. Coping with adulthood requires the acceptance of responsibility and the restrictions ensuing therefrom, whether this involve a career or a relationship. In both these spheres the conditions for success are already formed during childhood and adolescence, and many current homeless people lack the necessary positive experience.

A person finds themselves sleeping rough usually as a consequence of the accumulation of multiple risk factors (an atypical childhood, lack of education, problems finding work, and a tendency to escape into undesirable activities such as alcohol abuse or criminality). However, a certain trajectory in life, including homelessness, can be triggered by **personality traits** that can be genetic in origin or related to poor upbringing (Robert et al., 2005; Kidd and Shahar, 2008). Social skills are also important (Holton, 2011). Bassuk et al. (1997) confirmed that disadvantageous personality traits can increase the risk of homelessness, and the same conclusion was reached by Wong and Pilliavin (1997, 2001). Fertig and Reingold (2008) point out that, while the influence of social factors is significant, personality is more important because it determines how an individual will deal with pressure. However, there is no cast-iron personality profile of a homeless person, and many different kinds of people can find themselves on the street.

Both young and middle-aged homeless people have a higher **propensity for negative emotional experiences**. This can refer to depression, as well as irritability and a tendency to respond disproportionately to minimal stimuli with anger or rage. Such people have little control over their feelings. Similar conclusions were reached by Pěnkava (2010). Social adaptability is an important trait, or in this case its opposite, namely an **inability to adapt to society's demands**. This involves a complex of qualities manifest in relations with other people and the surrounding world and refers above all to an individual's ability to accept responsibility, respect valid rules, and not be driven solely by their own selfish needs. Without this ability a person is more reckless and prone to conflict. This then leads to **problems with interpersonal relationships**. These result from low empathy and an inability to put oneself in another's shoes, and a tendency to resolve common conflicts through radical solutions without regard for others. Poor social adaptability is usually manifest in behavioural problems during childhood and an inability or unwillingness to meet the demands of adults. Individuals with poor social adaptability cannot maintain close relationships with people and therefore lack the necessary social support in adulthood (Levinson, 2004). Undesirable personality traits are evident in work relationships and are one of the reasons why these people lose their jobs (Pěnkava, 2015).

Young homeless people admit they are indifferent to conventions, ignore social norms, are irresponsible and undisciplined, and have no desire to be subordinate to anything or anyone (Vágnerová, Csémy, Marek, 2012). Their middle-aged counterparts have a similar attitude towards rules. They too are irresponsible

and undisciplined. This can be congenital in origin but also the consequence of emotional deprivation caused by a childhood spent in a dysfunctional family or an institution. It is likely that **sleeping rough intensifies and expands the undesirable personality traits** that these people already possessed (Štěchová et al., 2008). These traits are so advanced in some homeless people that they can be deemed personality disorders. The prolonged abuse of drugs and alcohol merely serves to exacerbate the situation.

A life on the street **leads to the disruption of relationships with members of mainstream society** (Davies, 2010). The homeless are a disadvantaged and vulnerable group, whose members are routinely ostracised and even on occasion subject to physical assault by the public. Their feelings of insecurity are not alleviated by the fact that their social networks comprise other homeless people, who for the most part do not represent a stable, nurturing environment. Life on the street involves many traumatic experiences that impact negatively in the form of the stress caused by social stigmatisation, low self-esteem, and a lack of support ensuing from the depletion and distortion of interpersonal relations (Renedo and Jovchelovitch, 2007. Davies, 2010). Homeless people live in relative social isolation, without the standard protection commonly available to members of mainstream society. Homelessness liberates a person from the pressure of society's duties and demands. However, this is a freedom that functions as a vacuum. Homeless people are aware of their low social status and react to their social exclusion by isolating themselves still further and engaging in minor infractions such as harassment.

The habits and lifestyle of a homeless person usually take several years to become entrenched. This process is accompanied by a transformation in self-image. Homeless people gradually lose all control over their lives, and a meaningful return to mainstream society becomes more and more difficult. Generally speaking, the longer a person is on the street, the more they change. Their values and competencies change and the negative consequences of risky activities (e.g. drug addiction and alcoholism) are compounded. Sometimes their health deteriorates or further social disaffiliation occurs (e.g. time spent in prison). An awareness of their downward trajectory, their rejection by mainstream society, and the lack of a supportive environment complicate the process of rejoining society. They are now part of the homeless community and have no other friends or acquaintances. By this time they usually identify with this community. They are aware that they have changed for the worse and that they are deemed unacceptable by the public, but they are no longer willing or even capable of seeking to change. In the chronically homeless a feeling of resignation and a reluctance to deal with problems that appear to them to be irresolvable (repaying a debt or abstaining from alcohol or drugs) prevails. These people reject any course of action that would require effort from them, and their desocialisation and personality disintegration continues, especially if they are long-term drug users or alcoholics.

1.1 OUR OBJECTIVES

Above all we wanted to **learn how middle-aged homeless people view the course of their lives** and the situation they now find themselves in.

- To what extent they believe their family and their experience of childhood played a role; how they lived as adults prior to becoming homeless; what kind of education they had and whether they were able to find and hold onto work, live with a long-term partner, and look after their children; and what milestones of their lives they consider important and why.
- We were also interested in how they explain their descent into homelessness, how they rate themselves and their life on the street, and to what extent they believe they contributed to their own downfall. It is clear that any evaluation of previous phases of life will be influenced by the current situation, which in turn could impact their view of the future.

We hope that the life stories of the people we interviewed will contribute to a general understanding of the paths that can lead to homelessness. This in turn will provide a data set that could assist in the selection of an appropriate strategy for working with people at risk.

We also set out to discover **whether, and if so how, chronic or long-term homelessness differs from short-term homelessness**, i.e. whether people sleeping rough for longer than 10 years differ in any way from **those who have been homeless for a shorter time**. It has been shown that middle-aged people take longer to adapt to life on the street than young people. In the case of older people the critical period is four to five years, whereas in the case of young people it is only two years. Between both groups there can be a difference in terms of personality (personality traits, ingrained experiences and habits, and level of education or professional qualifications), but also in terms of risk-related activities, especially alcohol and drug abuse and criminal conduct, and ultimately in terms of the severity of personality disorder and mental health. Identifying the potential differences will make it easier to define more precisely the risk of chronic homelessness and enable outreach workers to focus more on what might prevent people from remaining indefinitely on the street.

1.2 METHODOLOGY

Our research was based on a qualitative analysis of detailed interviews that took place from June 2016 to May 2017. We conducted a semi-structured interview, i.e. one with a predetermined range of topics. The interview focused on the life story of individuals, their childhood and adolescence, the education they had received and their social adaptability as children and teenagers, their entry into adulthood, and their experience of employment, relationships and parenthood. In short, we examined the period prior to our respondents becoming homeless,

but also looked at their lives as homeless people and how they felt about the future. During the course of the interview, the people interviewed were given sufficient space to say anything and everything they wanted, and most of them responded to this positively. Generally speaking, they were happy with the interest being displayed in their life story, possibly because this was not something they had often encountered. Each interview lasted an average of two hours and was recorded with the permission of the participants and then transcribed verbatim.

Recurring themes were identified and the transcripts then divided into certain spheres. These spheres were then further broken down into subcategories offering the opinions and experiences of the respondents. The analytical induction method was used to determine these subcategories, which is based on a search for similarities allowing for a consistent strategy of comparison (Osborn and Smith, 2008). We compared the resulting subcategories with those of other studies and discovered that other researchers, e.g. Mabhala et al. (2016), examined the determinants leading to homelessness in a similar way. The narrative of homelessness can be seen in relation to the past, present and future. Our approach to the present and our future expectations derives from our interpretation of the past. Over time, some people have a tendency to “amend” their life story and interpret it in a different way so as to bring it in line with their current self-image.

It is clear that the life stories as recounted by our respondents may not be accurate. Distortions may appear depending on the significance of individual events and the gradual disappearance of recollections, especially regarding events stretching back further back in time. There are inaccuracies regarding the timing of events, and the stories are sometimes self-contradictory. People sleeping rough have a tendency to “polish” their life story so as to appear in a more favourable light. The positive correction of a story helps boost their self-esteem, which has been damaged in all sorts of ways by their awareness of their own social disaffiliation. Certain inaccuracies and lacunae can be attributed to the long-term use of drugs that affect the functioning of memory, and/or the effects of a homeless lifestyle that makes no demands on cognitive activity. The stories recounted by young people were shorter. Our younger respondents felt no need to defend their homeless status and often understood it as a process of finding themselves. We did not encounter this approach in older people.

In order to supplement the information acquired we used a questionnaire intended to track several key areas of life on a far larger cohort. The questionnaire focused on identifying demographic data, the process that led to people finding themselves on the street, which life events had influenced them, what their current sources of income were, and where they lived. Using the questionnaire we explored the frequency of chronic somatic diseases and mental disorders, individual psychiatric symptoms of addictive behaviour, and the degree of social alienation.

1.3 A DESCRIPTION OF THE GROUP UNDER EXAMINATION

Our cohort comprised 90 homeless people aged between 37 and 54, of whom 70 were men and 20 women. The ratio of men to women was 78/22, which corresponds to the ratio of men and women in the homeless community as a whole. For instance, McDonagh (2011) found that 84% percent of homeless people are men and 16% women, Panadero et al. (2015) found the figures to be 83% and 17% respectively, while Ciapessoni (2016) studied a cohort comprising 77% men and 23% women. We sought respondents by means of various charities for the homeless (a Salvation Army shelter, the low-threshold drop-in centre run by the organisation Naděje as part of its outreach programme, and the dispensary of the Mobile Social Services), the *Nový Prostor* magazine sold by homeless vendors [the Czech equivalent of *The Big Issue*: trans.], in the waiting room of a probation officer, and out on the streets (in Malešice and at the Vltavská metro station). All the people we met were contacted and all agreed to be interviewed. A small remittance of CZK 200 [USD 8.7] was paid.

Tab. 1. The group under examination

	no.	average age	SD	average duration of homelessness	SD	average age upon becoming homeless	SD
men	70	45.6	5.3	9.5	7.0	36.3	7.2
women	20	43.5	4.2	8.4	6.1	33.1	8.2

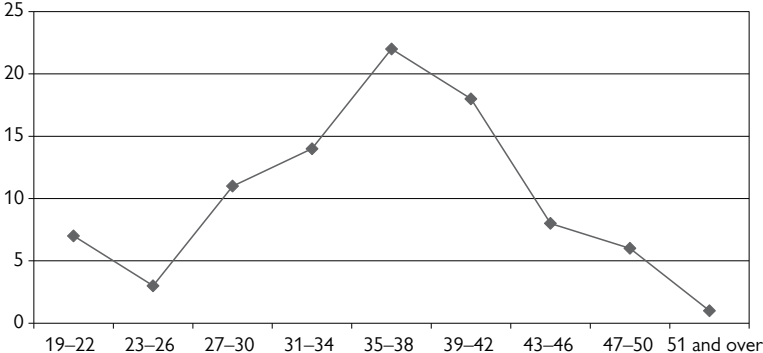
The average age of homeless women is somewhat lower than that of their male counterparts. Women also found themselves sleeping rough at a younger age than men, though the difference is not statistically important ($t = 1.68$).

The age a person became homeless is important. People currently aged 47–55 began sleeping rough on average aged 38.4 (SD = 7.98), while people aged 37–46 became homeless aged 32.9 (SD = 8.04). The difference between both groups is significant: $t = 3.19$, $df = 88$, $p = 0.01$. What this means is that **the age at which people are becoming homeless is dropping**. The reason is clear: older people were young adults under the former communist regime, when it was impossible to stop working and when a person could not become homeless because they would find themselves in prison for what was called “parasitism”.

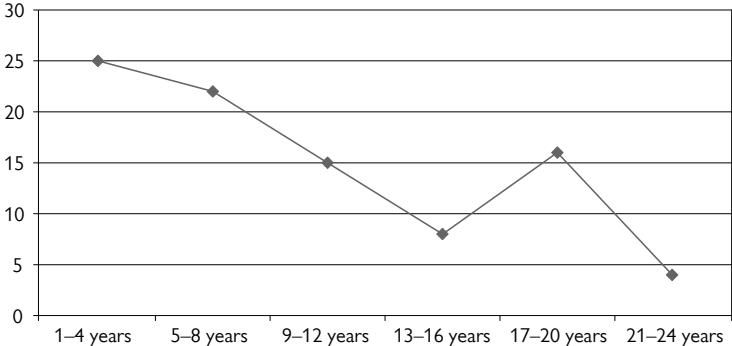
The length of time these people have spent on the street is important. People aged 47–55 ($N = 39$) have been homeless for an average of 11.5 years (SD = 4.06), people aged 37–46 ($N = 51$) for an average of 7.9 (SD = 5.83). This is an important difference statistically: $t = 3.25$, $df = 88$, $p = 0.01$. What this means is that **older homeless people have been living on the street for a longer period of time**. This may be because, after several years of sleeping rough, they are no longer able to change their lifestyle.

Those of our cohort who have been on the street for 10 years and more comprise 38 individuals. Their average age is 46.3 (SD = 5.3) and they have been homeless since the age of 30.3 on average (SD = 6.6). Those of our cohort who have been on the street for four years or less comprise 24 individuals. Their average age is 42.6 (SD = 9.7) and they have been homeless since the age of 42.5 on average (SD = 5.5). The groups do not differ significantly in respect of current age ($t = 1.9$, $df = 60$), but more in respect of the age they became homeless ($t = 7.4$, $df = 60$, $p = 0.001$). Middle-aged people who have been sleeping rough for a short period of time only became homeless later in life. We may assume that these groups will differ in respect of other aspects (see below).

The cohort for the questionnaire comprised 342 homeless people, of whom 271 were men (79%) and 71 women (21%). The average age was 48 (SD = 14). The time spent homeless differed, with 51% of the group having lived on the street for three years or more. We sought respondents in shelters (27%), low-threshold drop-in centres (70%) and on the street (3%) at locations in Prague (39%), Brno (28%), Ostrava (21%), Mladá Boleslav (7%) and Beroun (5%).



Graph 1. The age at which a person became homeless (the graph shows absolute figures).



Graph 2. Length of time middle-aged people have been homeless (the graph shows absolute figures).

II. LIFE PRIOR TO BECOMING HOMELESS

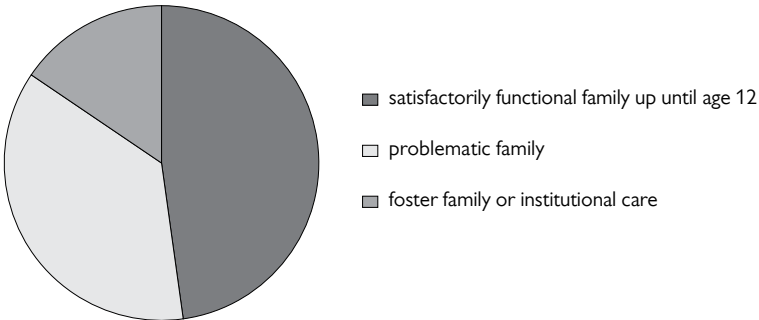
1. HOMELESS PEOPLE RATE THEIR CHILDHOOD AND FAMILY OF ORIGIN

There are many different risk factors that increase vulnerability to homelessness, with these individual factors then accumulating (Coward-Bucher, 2008). One such factor is a person's **negative experience with their parents, i.e. with the way they spent their childhood and adolescence**. These early experiences are important for the rest of life and the direction an individual takes in adulthood. The relationships a person has later in life derive from their experience with their parents. If the parents neglected, mistreated or even abused them, they have no idea how such relationships should function and end up acting towards other people as inconsiderately as their parents behaved to them or to each other. People who had no satisfactory relationship in childhood often cannot trust anyone and cannot respond appropriately in ordinary situations. They have never learned to take responsibility and to reach decisions with a view to their possible consequences. They have not learned to take other people into account. If the family of origin of people who are currently homeless did not provide a stable, functional environment and suitable models of conduct and problem solving, our respondents lacked support and were unable to acquire the requisite experiences. The absence of positive experiences is manifest in repeated failure at school and subsequently in their employment and interpersonal relationships.

The influence of a problematic family environment on the subsequent lives of homeless people has been confirmed primarily by studies of young people living on the street (Cauce et al., 2000; Votta and Manion, 2003; Tyler, 2006; Bearsley-Smith et al., 2008; Coward-Bucher, 2008; Ferguson, 2009). According to these researchers, people who have lived on the streets from a young age are far more likely to come from families that did not provide a stable and nurturing environment. Their parents drank to excess and were often in prison. They sometimes suffered mental health problems or personality defects and were unable to manage their own lives. They probably also possessed less favourable genetic predispositions, which they may have passed on to their children. This might involve a tendency to be impulsive, non-empathetic, irresponsible, or to display negative affectivity and aggressive responses. Though most of these studies were concerned with the families of young homeless people, the burden ensuing from a lack of the security and safety of a functional family environment has been

shown to affect the lives of people who are now middle-aged (Caton et al., 2005; Ravenhill, 2014; Hradecký, 2015; Mabhala et al., 2016). Caton et al. (2005) report that 21% of middle-aged people sleeping rough grew up outside their own family, and 24% of them had experienced a very troubled family environment. Brown et al. (2016) found that 38% of people sleeping rough had not spent their childhood in their natal family and lacked a nurturing environment.

A third of the young homeless people we questioned felt they had had an unsatisfactory childhood. Many of them were raised in a children’s home or by foster parents (Vágnerová, Csémy, Marek, 2013). A similar experience was reported by some of our middle-aged cohort, with **37% describing their family of origin as problematic**. Some of them (16%) spent their childhood in institutional care or with a foster family. Almost half (47%) rated their natal family as having functioned satisfactorily at least up until the age of 12. In the group of young homeless people, 45% rated their family positively. Middle-aged people who found themselves on the street while still young (by the time they were 28) made up 18% of the entire group. In the majority of cases (75%) they came from dysfunctional families or spent their childhood elsewhere, either in foster care or a children’s home. It is likely that people with negative family experiences find themselves on the street at a younger age because they lack the basic requirements to deal with the demands of adulthood.



Graph 3. How middle-aged homeless people rate their childhood (shown in absolute figures)

Thirty-two percent of our middle-aged respondents believed that the problems in their dysfunctional families were caused by the **father** (whom they described as an alcoholic, gambler, repeat offender, or suffering mental health issues). Only 14% of those questioned cited the **mother** as problematic (for reasons of alcoholism, criminality or mental health issues). In the group of young homeless people, 31% cited their father as the source of problems and 20% the mother (Vágnerová, Csémy, Marek, 2013).

The parents of our middle-aged respondents often drank to excess. Foreign studies report problems with drugs, though this did not feature large in

Czech families. According to Fergusson (2009), 42% of the parents of young homeless people took drugs or drank. Mallett et al. (2005) found that 26% of the parents of young homeless people had problems with alcohol, and if the family split up, the mother's new partner would be similarly inclined. Thompson et al. (2007) found that at least one of the parents drank to excess in half of the families of young homeless people, with both drinking to excess in 20% of cases. The excessive consumption of alcohol by either parent will negatively impact on the life of the entire family. The children who grow up in such families will lack self-confidence and trust in other people, and will find it difficult to establish close relationships. They do not learn how to handle stressful situations in an acceptable fashion because such situations represented the rule rather than the exception in their families. Instead, they react impulsively, and this then creates further difficulties. Such is their experience of family life that they often opt to leave home in favour of life on the street (Ravenhill, 2014).

The source of problems is usually the father, who is an alcoholic and behaves aggressively. (The adult children of such men often drink to excess, either due to genetic predisposition, their childhood experiences, or simply in an attempt to resolve their own problems).

- S (52, male, homeless for 17 years): *“Dad was an alcoholic and ended up drinking himself to death. He moved out and I never saw him again. I don’t even know when he died. I had a bad relationship with him because he was always yelling at my mum or trying to hit her. When I was 15 years old he started to shout at her and made as though to hit her, so I grabbed his hand and slapped him. Mum was fine about it. She wasn’t strict, she was nice, and in fact it was me who sometimes screamed at her, though then I would apologise. I picked that up from my dad, who used to scream at her.”* S is an alcoholic, single and childless. He is aware that he treated his mother as badly as did his father.
- P (50, m, homeless for 12 years): *“I don’t like thinking about my father, because he was a **real alcoholic**. He could be nice, but when he drank things got bad and **he used to beat us all, including mum**. One time when I was 15 I came home and he was beating my mum. So I punched him and after that it was never again like father and son. Dad was sometimes pleasant, but when he was drunk he was fucking horrible. Mum was lovely.”* P is also an alcoholic, single and childless.
- J (51, m, homeless for seven years): *“Mum and dad were together until I was 10. **Dad was basically an alcoholic** and mum drank occasionally. But then dad walked out on us and mum wasn’t strong enough to cope on her own. **She had a few boyfriends**, four maybe, who were kind of uncles to us. And she had two more children, each with a different bloke. I didn’t see my father for a few years and then one day I saw him in the pub.”* J is also an alcoholic. He has served repeated jail sentences and does not look after his children. The fact his mother had several boyfriends might represent a further source of insecurity.

E (43, female, homeless for 11 years) also grew up in a problematic family with an aggressive father and stepfather: *“When I was little my **dad used to beat me**. My mum loved me, and that helped. But my real father, who died, he used to hit me all the time when I was little. Then my parents got divorced when I was still little and mum got married to another bloke, so I have a stepfather and I can’t stand him. **He also hit me.**”* E drinks to excess and takes drugs. She has one daughter but does not look after her. Her current partner is also homeless.

Tensions and conflicts in a family can be related to the father’s mental health problems. This was so in the case of H (40, f, homeless for nine years): *“My parents got divorced when I was little. My dad used to go bonkers at home. He didn’t hit my mum, but he used to break things and threaten to jump out of the window. He smashed a whole table to pieces during one argument. He was always arguing. **He had mental health issues, schizophrenia.** Under his influence my mum ended up seeing a psychiatrist.”* H has herself received psychiatric treatment and has a disability pension. For a while she was an alcoholic. She surrendered her children immediately after birth for adoption.

A non-functioning mother, either for mental health reasons or alcoholism, can also leave her mark on a child.

- Z (42, f, homeless for 11 years): *“At the age of seven I ended up in a children’s home because **mum became schizophrenic**. I grew up outside the family. My childhood was shitty, and being in a children’s home wasn’t exactly a bundle of laughs either.”* Z is an alcoholic. She has neither a stable partner nor children.
- L (38, f, homeless for 21 years) tells a similar story: *“My dad brought me up, he raised me from a young age. I wasn’t in contact with my mum at the time. But when I started school, I went looking for her and eventually I found her and then remained with her. Dad didn’t like the arrangement, because my **mum was ill**, and was useless with money. They took my brother away because **she simply wasn’t able to take care of him**, and put him in a children’s home. I moved between my dad and my mum, but mostly I was with my dad.”* L drinks to excess and has served repeated jail sentences. She does not have custody of her children. She did not complete her junior school education and attended a school for children with special needs.

If the mother drinks to excess, this can be an even worse problem than an alcoholic father, since it means there is no one in the family to create a calm and stable environment for the children.

- D (48, m, homeless for five years) is a case in point: *“Grandma looked after me until I was six, and then **mum took over**. **She was an alcoholic**. Between the ages of 6 and 11 I lived with my mother and then she found another partner, with whom she had my brother. Her partner used to beat me. Well, most of the time my mother beat me while my stepfather held me down. Then **she attempted suicide** and was placed in Bohnice [a psychiatric hospital in Prague] and I returned to my grandmother’s.*

Grandma had also spent time in Bohnice. She was a manic-depressive, so all in all it was kind of out of the frying pan..." D is an alcoholic. He does not have any children. As an adult he did not have much contact with his mother: "We didn't see much of each other. I visited her a few times and we would drink together, but then she died in Bohnice of cirrhosis of the liver." His brothers suffered similar problems: "The youngest had problems with drugs. I've a feeling he's in prison. I've never met the middle one, though I know he's also homeless."

- K (37, m, homeless for nine years): "Mum lived with dad but **she had different interests. She used to like partying in the pub.** When I was born she was already an alcoholic and didn't want to look after us. So I ended up in a children's home at the age of two. Dad split up with mum and found himself another woman. But I remained in the children's home, where I stayed until I was 19." K is an alcoholic and has no partner or children.

If neither of the parents are capable of taking care of their children, they are looked after by their grandparents or other relatives.

- M (48, m, homeless for 20 years): "I grew up with my grandma on my father's side, because my father handed me over to **grandma** when he was sent to prison. He had already split up with my mother. **He received a prison sentence for burglary.** He was a real alcoholic, so grandma looked after me until I was 11. I used to skip school and just loiter. School did nothing for me, I learned nothing. **Grandma was also addicted to alcohol.** When I was 11 I was sent to a youth detention centre and then to a children's home, because granny couldn't cope." M is a drug addict and has repeatedly spent time in prison. He has no children.
- V (48, m, homeless for seven years) was cared for by relatives because his parents were in prison: "**They banged up both mum and dad.** Dad got 15 years and mum got 3.5 for child neglect. Mum left me with my granddad, returned to Prague and washed her hands of me. I don't know why. Maybe she had no money or just couldn't be bothered. She was young. So I was raised by my aunt and uncle." V's relationship with his mother did not improve and he refused to meet her: "When I learned that mum had simply washed her hands of me and abandoned me I didn't want any contact with her whatsoever. My aunt and uncle rejected me when I was sent to prison." V is an alcoholic who has repeatedly spent time in prison. He does not have custody of his children.

A significant number (16%) of middle-aged homeless people **spent their childhood in a children's home or foster family.** This figure was 20% in the case of young people (Vágnerová, Csémy, Marek, 2013) and is far higher than the national average, where it is at most one percent.

- S (46, f, homeless for four years): "I lived with my mum when I was little, and I never met my father. **But then mum simply stopped looking after me** and I was sent to an adoptive mother. I only saw my mum on visits, because **she wasn't interested in me.** I was with my adoptive parents in Australia until I was 15. Then

my real mum found me via the Red Cross. I made a mistake and I returned to her. I would have been far better off remaining where I was. But even though what she had done to me was bad, firstly it was my mum, and secondly, she really helped me with my children. So when I was working at the post office, she took care of my kids. In Australia it was beautiful. To this day **I regret not having returned there**. There is a wonderful life to be had there. But there you go, my bad. In the end it's what I wanted, except that you never anticipate it's going to end up like this." S ended up sleeping rough after she and her husband split up and he threw her out of their apartment. In this particular case a certain naivety around relationships plays a role, which was manifest in the way she returned to the biological mother who had abandoned her when she was a young girl. S does not look after her children. She does not consume alcohol or drugs.

- O (53, m, homeless for 20 years) spent his childhood in institutional care: "When I was little mum and dad would argue every day. **We children were in a children's home**. Between the ages of three and eight I was in a children's home, then a young offenders' institution, and then when I was 18 I returned home. When I came out of the institution, I returned to dad. I have a kind of on-off relationship with dad, because he used to beat me when I was naughty." O drinks to excess and takes drugs, and has repeatedly spent time in prison. He was unable to deal with a relationship and does not look after his children.
- J (45, f, homeless for twenty years): "I lived with my mum until I was 10, **after which they sent me to a children's home**. I remained there until I was 15, then I fucked things up so they transferred me to a young offenders' institution. At the age of 18 I returned to my mum and I got married at 19... I always had a really good relationship with my mum. I don't know my father. I've looked for him and asked mum. He was a drinker too, but he held down a job. I only know this from what mum has told me, I didn't know him at all. I'm the youngest of the girls. The oldest boy died of an overdose." J is an alcoholic and drug addict and does not look after her children.

Not all the parents of people who are currently homeless neglected their children. Sometimes **there was a simple lack of understanding, or the child felt their parents preferred the other children**. Whether this was actually the case is neither here nor there: the effect was the same. Feelings of being unwanted and unaccepted, either by their parents or stepparents, often featured in the stories recounted by young homeless people (Vágnerová, Csémy, Marek, 2013), and the same is true of the cohort examined by Ferguson (2009). It is clear that for many homeless people home does not represent the stable environment it is supposed to. It is also possible that these individuals were not completely standard personality types and therefore felt uncomfortable, even though the family was functioning in an acceptable fashion.

- L (52, m, homeless for two years) is not addicted to alcohol or drugs: "**My parents were decent enough, but I didn't get on with them, and that feeling persisted throughout my life**. They raised me in accordance with their principles, but

didn't understand me at all. I loved my mum in a way, but when they died, it was a relief, if I can put it like that." L had similar difficulties in his own relationships and does not have children. Mental health issues very likely account in part for his being homeless.

- P (52, m, homeless for about two years) was not happy in his family, though he has a more balanced overview of his feelings at that time: "*When I was 13, I ran away from home. I had the feeling of having been pushed to the sidelines. My parents seemed fully occupied with my younger sister, although looking back I realise that wasn't true. My parents lived together. Sometimes things were difficult between them, but you can't get away from the fact that they remained married until they died.*" P had a university education. He became homeless in part because of an internal conflict over his homosexuality, and in addition he drinks to excess and has mental health issues. He suffers bipolar disorder and is being treated by a psychiatrist.
- D (39, m, homeless for four years) also suffered feelings of rejection in childhood, and had problems accepting his stepfather: "*Up until the age of six things were ok and I had both my parents. Then my brother was born and the problems began. Being the youngest he was the favourite. When I was seven mum and dad split up. When I realised that only me, my brother and mum would be left I started to play up. I stopped attending school, that kind of thing. Mum took my brother everywhere and I began to feel sidelined. Mum didn't want me to be in contact with my aunt on my father's side and after six months she got married again. I didn't like her new partner from the moment he entered our home... then I was sent to a children's home after being found on the street by the police. That was when I was eight. But in fact I'm grateful I was sent to children's home because otherwise I don't know what would have happened. I remained there until I was 18.*" D does not have a relationship or children. He is not addicted to alcohol or drugs. He probably suffers personality disorder.

Our respondents' problems may well have been exacerbated by the breakup of the family and the subsequent departure of one parent or the **arrival of a new partner**, whom they were unable to accept. Many young homeless people had problems accepting a stepfather (Vágnerová, Csémy, Marek, 2013). The need to accept either their mother's or their father's new partner, a person they do not know, is deemed a stress factor by Ravenhill (2014) too.

- L (38, m, homeless since the age of 18) had a problem accepting his father's new partner when his own mother died: "*I had had a good relationship with my dad. But dad didn't want to live alone, so he found himself a woman with whom I didn't see eye to eye. I really went for her and told her no way was she my mum. I was pleased when she died because I really didn't like her.*" L has problems with alcohol and criminality. His current girlfriend is also homeless and does not have children. He became homeless because he drank to excess, something his stepmother was unwilling to accept.

- D (40, m, homeless for 19 years) had a conflictual relationship with his mother's new partner: *"We lived as a family up until I was eight years old, when my parents got divorced. My dad was an alcoholic and used to beat my mum. Then mum found herself another bloke, a taxi driver here in Prague, and we didn't get along. One time I beat my stepfather up for cheating on my mum."* D is an alcoholic and drug addict. He has repeatedly spent time in prison and does not look after his children.
- V (48, f, homeless for five years) had a poor relationship with her stepfather: *"I lived with my mum and stepfather from the age of five. Basically I felt that it was only my grandma that gave me what I needed. Granny was really strict but fair. I don't remember my father and never knew him. I have no idea how things were between us. Then my sister was born and from about the age of six I was regularly beaten until I was 16. My stepfather even hit me when I was pregnant. It continued right up to the last minute and has remained with me all my life. **My stepfather was really strict with me.** When I was older I started to have rows with my mother. We were never your model family. So basically my childhood was pretty shit."* V has serious problems with alcohol. Her daughter is a drug addict who is also homeless. Her granddaughter has been placed in a children's home.

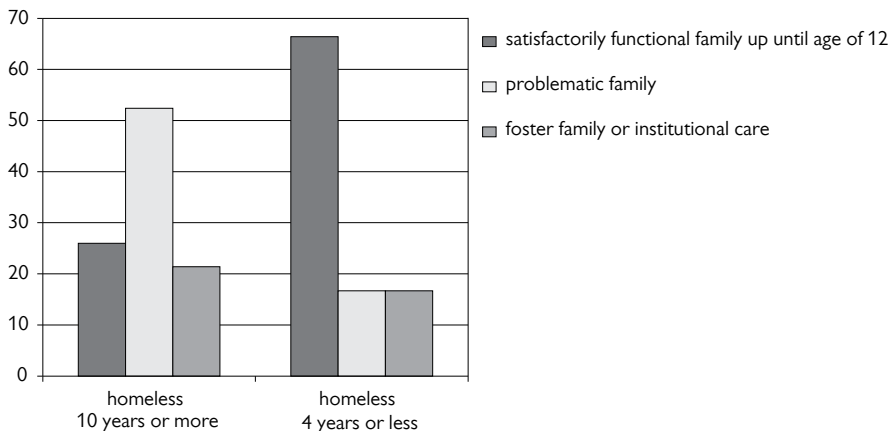
SUMMARY

More than half of our respondents grew up in a family that was problematic in some way or were not looked after by their parents and spent their childhood elsewhere. The most frequent cause of family breakup was the excessive consumption of alcohol, particularly on the part of the father, though many mothers drank to excess too. Alcoholic fathers were often aggressive and battered their wives and children. As a consequence the family did not provide a nurturing environment and became instead a source of threat. Some of these parents spent time in prison for various crimes and their children were looked after by relatives or ended up in a children's home. Parental failure, aggression and neglect are not desirable modes of conduct and yet this was often the only model our respondents encountered as children. Several of our respondents were unable to cope with the breakup of the family and the arrival of a new partner, be this on the side of their mother or father, and this led to a deterioration of their relationships with those close to them and to increased behavioural problems. In these cases the child's own personality traits may also be a cause of their subsequent disaffiliation. A feeling of having been rejected and misunderstood (which may have been one of the reasons they ran away from home) sometimes persists to the present day, and as a result the people we spoke to are unable to request their parents for assistance even at times of crisis. Most of them are not even in contact with their parents.

There is no doubt that problematic parents can impact negatively on the development of their children. This may be the result of undesirable character traits being passed on or because of neglect, emotional rejection, poor upbringing, and the parents' embodiment of an undesirable model of conduct. However, we also wanted to find out to what extent a deprived childhood might influence how long a person remains homeless, i.e. whether the stress experienced and the inadequate satisfaction of basic psychological needs during childhood might be manifest in the form of such a steep downward spiral (chronic homelessness and a complete inability to resolve matters). The opinions held by people who have been sleeping rough for less than four years and those who have been homeless for ten years regarding their childhood and family differ to a statistically significant extent (chi square distribution = 9.71, $df = 2$, $p = 0.001$). We may therefore conclude that **a dysfunctional family environment does not only increase the risk of homelessness, but increases the risk of chronic homelessness** (whether homelessness is caused by an inability to adapt to the requirements of an adult life, lack of support, criminal activity, or drug abuse).

1.1 CURRENT RELATIONSHIPS BETWEEN OUR RESPONDENTS AND THEIR PARENTS

The relationships between the people we spoke to and their parents are many and varied. In the case of the oldest of our cohort it is difficult to evaluate these relationships since their parents are for the most part no longer alive. Younger



Graph 4. What our middle-aged respondents thought about their childhood by duration of homelessness (the graph shows relative frequencies).

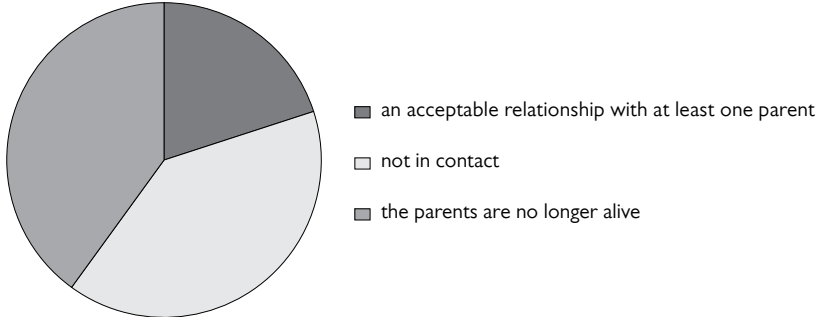
people exhibit a variety of feelings towards their parents and are in contact with them to varying degrees. If they are not in contact, there are many different reasons. Maintaining or resuming a relationship with parents can be a source of support and help the homeless in their endeavour to return to mainstream society. This assumes, of course, that the parents themselves are not so problematic as to complicate matters still further.

Only 60% of our middle-aged respondents have at least one parent, and only 20% of these have an acceptable relationship with either one or both of their parents. However, **those who say they have a good relationship with their parents are not always in contact with them.**

- K (42, m, homeless for two years): *“I’m in touch with mum regularly, I have a good relationship with her.”* Both K and his mother were the victims of K’s aggressive father, with whom K is not in touch: *“I don’t see my father. I can’t stand him.”* K does not have a problem with alcohol or drugs. He is in contact with his own children and helps with their upkeep as far as he is able.
- M (43, f, homeless for eight years): *“I have a fantastic relationship with my mum. I lost everything and only my mum and sister remained. I had to communicate with them. I got hold of a telephone, which I then promptly sold. I got hold of another one and the same thing happened. I taught my mum and sister to ring me back when I rang from a kiosk. I didn’t want to insert the twenty crowns, because that was for booze.”* M’s mother and sister have tried to help her, though thus far without success. She is addicted to alcohol and drugs and does not look after her own children.

Some of the people we spoke to are not in contact with their parents because they are ashamed of where they have ended up. They say that if they had a normal life, they would be happy to meet up. This is especially the case if the family, particularly the mother, provided a nurturing environment during childhood.

- H (50, m, homeless for 20 years) enjoyed a good relationship with his mother and father. His main problem was drug addiction: *“I would like to see my mum.”*



Graph 5. Current relationships between middle-aged homeless people and their parents (the graph shows absolute figures).

*If I was married with kids and an apartment or if I lived a normal life, then I'd pop round. But that's not how things are. She was right when she said that things were going nowhere. I haven't seen her in 12 years. I haven't seen my father either. Or my brother. **I don't want them to see me like this.***" H does not have a partner or children.

- M (38, m, homeless for two years) is a drug addict: "*I haven't been in touch with my parents because **I know I've disappointed them.** Just imagine what the neighbours would say: their son takes pervitin [methamphetamine]. Once or twice a year I used to visit my family, but it wasn't like it had been at the start.*" M's drug addiction disrupted his relationship with his parents. He is single and has little to do with his daughter.

The parents are often unaware that their child is living on the streets.

- J (51, m, homeless for seven years) is an alcoholic: "*Mum died. We hadn't been close over the last few years, we might only see each other once every five years. I didn't have a bad relationship with her, we got on ok, but **I didn't want to tell her I was homeless.** I was in prison when she died.*" J's father was also an alcoholic who abandoned his family. J is divorced and does not look after his children.
- M (40, m, homeless for seven years) is an alcoholic whose parents still have no clue that he is homeless: "*We communicate together and I get on absolutely fine with both mum and dad. Mum thinks I have a job, dad too. **They don't know that I live on the streets.** I suspect that my father [stepfather] would come for me immediately and wouldn't leave me on the streets. Mum would have a heart attack, she wouldn't be able to cope, no way would she leave me on the streets. I'm ashamed to go home without money.*" M is divorced and does not look after his children. His own (biological) father was also an alcoholic, which is why M's mother divorced him.
- T (39, m, homeless for six years): "***My parents don't know that I'm sleeping rough.** I hide it from them. We speak on the phone from time to time and visit each other. But it's complex. I see my mum more often.*" T does not want to admit to his failure, though he has no other problems (he is not an alcoholic or drug addict).

One reason a homeless person might restrict contact with their parents is because of a reluctance to burden them in any way, e.g. with their debt.

- R (46, m, homeless for four years) grew up in a trouble-free family and has a good relationship with his mother: "*I could return home, but **I don't because I've got debts.** I don't want the bailiffs to take my mum's apartment away from her.*" R is an alcoholic and is one of very few homeless people who looked after his own children.
- J (40, m, homeless for four years) does not want to upset his mother: "*I'm in contact with my mum, but **I've never told her that I'm homeless.** We spoke to each other yesterday, but **if I said anything it would break her heart and she would***

tell me to come home. But without money you know how it is.” J is not dependent on either alcohol or drugs, does not have a partner, and does not look after children.

Some of our respondents believe there is no reason to contact their parents since the latter displayed no interest in them when they were children..

- V (48, m, homeless for seven years): *“I didn’t want any contact with mum **after I learned that she didn’t give a fuck about me and had abandoned me.**”* V is also not in contact with his aunt and uncle, who raised him, because *“they rejected me when I was sent to prison.”* V is an alcoholic. He does not look after his own children, just as his parents failed to look after him.
- D (37, m, homeless for nine years) refuses to contact his mother, who did not look after him when he was a child: *“After a while I didn’t bother getting in touch with my family. I didn’t want to go home **because I didn’t any longer feel any love towards my mother.** She still drinks, she can’t keep her mitts off the beer, she’s always in the pub.”* D is also an alcoholic and does not look after his own children.

Sometimes an ongoing conflict or sense of grievance is the reason for breaking off contact with parents, as well as the feeling that assistance was not provided when the respondent really needed it.

- A poor relationship **may be related to drug addiction or alcoholism**. The parents find it difficult to accept the conduct of their adult offspring, which they fear could have a knock-on effect on the entire family. K (40, m, homeless for 19 years) is a case in point: *“I haven’t seen my mum for ages. I never visit. **Mum slipped me a tenner so that I would leave Prague, and that was what pissed me off the most...**”* K’s biological father was an alcoholic and he had problems with his stepfather, i.e. his mother’s new partner, who was unwilling to accept him.
- P (45, f, homeless for eight years) is a drug addict: *“**Me and my mum had a really ambivalent relationship.** We still do. She’s the only person who could infuriate me in just a matter of seconds with a few words... She doesn’t know where I am. I last visited her a year ago when I was sleeping rough in some cellar or other and it occurred to me that she was 70. So I got myself together and went round to her place thinking she’d be pleased. Instead **she told me I smelled** and asked if I’d spent time in a drugs unit and that **I should come back when I was cured.**”* P looked after her daughter for several years, but then became addicted to drugs again.
- D (39, m, homeless for four years) resented the greater interest shown by his mother in his younger brother. He also rejected his stepfather: *“I don’t know whether mum is still alive. **I’ve heard nothing about her for eight years and have no interest in seeing her.** I don’t for the life of me know why she married that guy. From the moment I set eyes on him I couldn’t stand him.”* D is not an alcoholic or a drug addict. He spent his childhood years in institutional care. He does not have a regular partner or children. He most likely suffers a personality defect.

SUMMARY

The kind of relationship our respondents have with their parents is highly influenced by their experience of childhood. If their parents neglected them or caused them suffering, these relationships continue to be bad into adulthood. Such people often say there is no reason to be in touch with their parents since they were not looked after when they were young. Cutting off contact with parents, especially with the mother, can also be the result of the parents rejecting the lifestyle of their adult offspring, especially if it involves problems with drugs or alcohol. A fifth of people who are homeless at present (20%) have a good relationship with their parents (particularly their mother) and communicate with them, but are unwilling to admit that they ended up on the street. They do not wish to burden their parents with their problems and are ashamed of how they live. These are usually individuals who spent their childhood in a functioning family and who found themselves homeless for other reasons (e.g. an addiction to alcohol that developed later in life).

A third of our younger cohort were in contact with at least one of their parents, usually their mother (Vágnerová, Csémy, Mark, 2013). Noom et al. (2008) found this figure to be 47%. Contact with someone from the family of origin was maintained by 41% of variously aged shelter users, which is far higher than in the case of people sleeping rough over the long term (Marek, 2017).

2. SIBLING RELATIONSHIPS

The relationships that our middle-aged respondents have with their siblings are many and varied. An important factor is whether they have shared childhood experiences or whether they are linked by a similar trajectory in life. If their siblings are not living on the street and do not share the same problems, they can represent a source of support. However, many homeless people reject the help of their siblings because they are ashamed or because the support offered is conditional (usually upon abstinence and finding a job). Some homeless people are in touch with their siblings and have a good relationship with them, while others reject them and are convinced that they have been somehow hurt by them.

Some of our respondents told us they have a good relationship with their siblings and value their support. M (43, f, homeless for eight years) is a case in point: *“I love my older sister. **She helps me with everything.** We ring each other a lot and she really looks after me. She has a pub and I go there every two weeks to cook. I have great respect for her and I make sure not to drink there... Six years ago I met up with her and she offered her support. She said that they were all behind me and that it didn't matter if I disappointed them, I wouldn't be punished. I simply somehow had to function... I would definitely be boozing were it not for her support.”* M has had behavioural