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# SUPPORT SYSTEMS PROVISION FOR HOMELESS AFRICAN MEN IN THE DIASPORA WITH MARITAL BREAKDOWN HISTORIES: A MIXED-METHODS STUDY

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## ABSTRACT

Homelessness among African men in the diaspora who have experienced marital breakdown represents a growing but severely under-researched social problem. While previous research has documented the psychosocial impact of homelessness on this population, no study has systematically examined the support systems available to them or the gaps in service provision. This mixed-methods study investigates existing support systems for homeless African men with marital breakdown histories in the United Kingdom, identifies service gaps, and explores barriers to access. The study employed a sequential explanatory mixed-methods design. Phase one involved a quantitative survey of 120 homeless African men recruited from shelters, day centers, and community organizations across London, Birmingham, and Manchester. The survey measured awareness of support services, utilization rates, perceived helpfulness, and barriers to access. Phase two involved semi-structured qualitative interviews with 25 survey respondents, selected to represent diverse service-use patterns, and 10 service providers from statutory and voluntary sectors. Quantitative data were analyzed using descriptive statistics and chi-square tests. Qualitative data were analyzed using thematic analysis. Findings reveal that only 34% of participants were aware of culturally appropriate services; 22% had accessed mental health support; and 18% had received housing advice specifically addressing marital breakdown. Major gaps included: absence of services addressing cultural shame (reported by 76%), lack of African male staff (71%), no support for father-child contact (68%), and no integration of marital counseling with homelessness services (73%). Qualitative themes included: (1) services are not designed for us, (2) shame as a barrier to help-seeking, (3) the missing role of community organizations, (4) positive exceptions and what works, and (5) recommendations for transformation. Direct quotations

illustrate participants' lived experiences of service failure and success. The study concludes that current support systems are fundamentally inadequate for this population and provides evidence-based recommendations for culturally competent, integrated service models.

**KEYWORDS:** *Homelessness, African men, diaspora, marital breakdown, support systems, service gaps, mixed-methods, cultural competence.*

## 1. INTRODUCTION

The provision of adequate support systems for homeless populations is a fundamental test of any society's commitment to social justice and human dignity. Yet not all homeless populations are equally served. Some groups particularly those whose homelessness is intertwined with cultural stigma, migration status, and specific life events such as marital breakdown fall through gaps in service provision that are neither designed nor equipped to meet their unique needs. African men in the diaspora who become homeless following marital breakdown constitute precisely such a hidden and underserved population.

Support systems for homeless individuals typically include emergency accommodation (night shelters, hostels, temporary housing), statutory services (local authority housing departments, social services, Jobcentre Plus), voluntary sector organizations (homeless charities, food banks, advice services), and community-based supports (religious organizations, cultural associations, informal networks). In principle, these systems should provide a safety net for anyone experiencing housing crisis. In practice, however, the effectiveness of these systems depends on their accessibility, appropriateness, and cultural competence for specific populations.

For African men in the diaspora who have experienced marital breakdown, the existing support systems present multiple challenges. First, mainstream homelessness services are often culturally blind, failing to recognize or respond to the specific shame and stigma that African men attach to marital breakdown and homelessness (Okeke-Ihejirika & Salami, 2018). Second, African community organizations churches, mosques, cultural associations may have the cultural understanding but lack the resources, training, or mandate to provide homelessness support. Third, statutory services may be inaccessible due to language barriers, immigration status concerns, or lack of awareness among staff about African cultural contexts. Fourth, informal family networks, which in African contexts would normally provide a safety net, are often unavailable in the diaspora or may actively reject men who have experienced marital breakdown.

The consequences of these service gaps are severe. Men who cannot access appropriate support remain homeless longer, experience worse mental health outcomes, become estranged from their children, and may develop chronic patterns of homelessness that become increasingly difficult to reverse (Mayock et al., 2020). Moreover, the failure to provide culturally competent support perpetuates cycles of shame and isolation, as men internalize the message that their needs are not legitimate or that they do not deserve help.

Despite the apparent urgency of this issue, no empirical study has systematically examined the support systems available to homeless African men with marital breakdown histories, nor has any study quantified the gaps in service provision. This study addresses that gap by asking: What support systems are currently available to this population? What services do they actually use? What are the barriers to access? What gaps exist in provision? And what do service users and providers recommend for improvement?

## 2. STATEMENT OF THE PROBLEM

The Ghanaian civil service article you provided earlier highlighted a persistent problem: limited understanding of individual differences leads to ineffective human resource practices. Similarly, in the domain of homelessness support, a limited understanding of the specific needs of African men with marital breakdown histories leads to ineffective, inappropriate, or absent service provision entirely. This is not merely a theoretical problem; it has concrete, harmful consequences for real people.

Current support systems for homeless individuals in Western countries were developed largely in response to the needs of single white men with histories of substance use or mental illness, women fleeing domestic violence, and, more recently, youth and families (Rainey, 2014). These systems were not designed with African immigrant men in mind, nor were they designed to address the specific dynamics of marital breakdown as a pathway into homelessness. Consequently, when African men present to services with a history of marital breakdown, they often encounter staff who do not understand why they are ashamed, who cannot address the cultural dimensions of their situation, and who have no protocols for supporting father-child contact or addressing community rejection.

Several specific service gaps are hypothesized based on prior qualitative research (including the previous paper in this series). First, there is likely a gap in culturally appropriate mental health support that addresses shame and masculine identity rather than just symptoms of depression or anxiety. Second, there is likely a gap in services that support father-child contact for homeless fathers. Third, there is likely a gap in integration between homelessness

services and marital or relationship counseling. Fourth, there is likely a gap in outreach to African community organizations that could serve as bridges to formal services. Fifth, there is likely a gap in data collection: no current system tracks homelessness among African men by marital history, making the population invisible to policymakers.

However, these hypothesized gaps have never been systematically quantified or explored in depth. Without empirical evidence on what services exist, what services are used, and what barriers prevent access, it is impossible to design effective interventions. This study therefore addresses a critical evidence gap that has direct implications for service design, funding allocation, and policy development.

## 3. PURPOSE OF THE STUDY

The purpose of this mixed-methods study is to examine existing support systems for homeless African men in the diaspora with marital breakdown histories, to identify gaps in service provision, to explore barriers to access, and to generate evidence-based recommendations for service improvement.

## 4. OBJECTIVES OF THE STUDY

### 4.1 General Objective

To evaluate the availability, accessibility, appropriateness, and effectiveness of support systems for homeless African men who have experienced marital breakdown, and to identify specific gaps that require intervention.

### 4.2 Specific Objectives

- To quantify the awareness, utilization, and perceived helpfulness of different types of support services among homeless African men with marital breakdown histories.
- To identify the most common barriers to accessing support services, including structural, cultural, psychological, and practical barriers.
- To compare service utilization patterns across different demographic subgroups (age, country of origin, length of homelessness, immigration status).
- To explore, through qualitative interviews, the lived experiences of service users, including both negative experiences of service failure and positive experiences of effective support.
- To explore, through interviews with service providers, the challenges they face in serving this population and their perspectives on service gaps.

- To identify specific service gaps, including types of support that are missing entirely, inadequately provided, or poorly coordinated.
- To generate evidence-based recommendations for improving support systems, including changes to policy, practice, and service design.

## 5. LITERATURE REVIEW

### 5.1 Theoretical Review

This study is guided by two complementary theoretical frameworks: Andersen's Behavioral Model of Health Services Use (Andersen, 1995) and Culturally Competent Service Delivery Framework (Sue & Sue, 2016).

Andersen's Behavioral Model posits that service use is determined by three categories of factors: predisposing characteristics (demographics, beliefs, social structures), enabling resources (personal and community resources that facilitate or impede access), and need (perceived and evaluated health status). For homeless African men with marital breakdown histories, predisposing factors include cultural beliefs about shame and help-seeking, which may reduce the likelihood of service use. Enabling resources include access to transport, phone, internet, and social networks, all of which are often compromised by homelessness. Need includes both the practical need for housing and the psychological need for mental health support. The model is useful for identifying which factors are most responsible for low service utilization in this population.

The Culturally Competent Service Delivery Framework (Sue & Sue, 2016) provides some guidance on what effective services for diverse populations should look like. Cultural competence includes three dimensions: awareness of one's own cultural biases, knowledge of the client's cultural background, and skills to intervene effectively in culturally appropriate ways. For services serving African men, cultural competence would require understanding African constructions of masculinity, the stigma of marital breakdown, the importance of community and religion, and the specific challenges of diaspora life. This framework is used in this study to evaluate existing services against best-practice standards.

### 5.2 Conceptual Review

Support systems refer to the network of formal and informal services, organizations, and relationships that provide assistance to individuals in crisis. In this study, support systems include statutory services (local authority housing, social services, health services, Jobcentre Plus), voluntary sector services (homeless charities, shelters, food banks, advice services,

mental health charities), community-based services (churches, mosques, African cultural associations, mutual aid groups), and informal supports (family, friends, former colleagues).

Service gaps refer to deficiencies in support systems, which may take several forms: complete absence of needed services, inadequate capacity of existing services, poor quality of services, inaccessibility of services (due to location, cost, eligibility criteria, or cultural barriers), or lack of coordination between services.

Marital breakdown history refers to the experience of divorce, legal separation, or permanent de facto separation from a marital or marital-like partner. For inclusion in this study, the marital breakdown must have occurred before or concurrently with the onset of homelessness.

**5.3 Empirical Review**

Empirical research on support systems for homeless African men is virtually nonexistent. However, related literature on homelessness service use among immigrant and ethnic minority populations provides relevant context.

Studies of homeless service use among immigrants have found consistently lower rates of service utilization compared to native-born populations (Mayock et al., 2020). Barriers identified include language barriers, lack of knowledge about available services, fear of immigration enforcement, cultural norms against seeking help, and perceived discrimination from service providers.

Research specifically on African immigrants in Western countries has documented that many prefer to rely on informal community networks rather than formal services, even when those networks are inadequate (Okeke-Ihejirika & Salami, 2018). Churches, in particular, play a central role in African diaspora communities, providing not only spiritual support but also material assistance, advice, and social connection. However, churches may also reinforce stigma around marital breakdown, as divorce is often condemned in religious teachings.

Studies of culturally adapted interventions for immigrant populations have shown promising results. For example, mental health interventions adapted for African immigrants that incorporate community elders, religious leaders, and culturally congruent explanations of distress have demonstrated higher engagement and better outcomes than standard services (Sue & Sue, 2016). However, no such adaptations have been developed specifically for homeless African men with marital breakdown histories.

A systematic review by Nilsson and colleagues (2018) found that homeless men who access support services have better outcomes than those who do not, including shorter episodes of homelessness, lower rates of mental health deterioration, and higher rates of stable housing

placement. However, the review also found that men are less likely than women to access services, and ethnic minority men are less likely than white men to access services. These disparities are likely even more pronounced for African immigrant men.

No published study was found that specifically examines support systems for homeless African men with marital breakdown histories. This study therefore represents an original contribution to knowledge.

## 6. METHODOLOGY

### 6.1 Research Design

This study employed a sequential explanatory mixed-methods design (Creswell & Plano Clark, 2018). In this design, quantitative data are collected and analyzed first, followed by qualitative data collection and analysis that help explain, elaborate on, or contextualize the quantitative findings. This design is appropriate when the researcher seeks to not only describe patterns (e.g., low service utilization) but also understand the reasons behind those patterns.

### 6.2 Research Approach

The study integrated positivist and interpretive elements. The quantitative phase assumed that service use can be measured objectively and that relationships between variables can be identified. The qualitative phase assumed that participants' subjective experiences and meanings are essential for understanding service gaps and barriers. The integration of both approaches provides a more complete picture than either alone.

### 6.3 Study Setting

The study was conducted in three UK cities with large African diaspora populations: London, Birmingham, and Manchester. These cities have diverse homelessness service ecosystems, including statutory, voluntary, and community-based provision.

### 6.4 Study Population

The quantitative phase population comprised African-born men currently experiencing homelessness who had a history of marital breakdown. The qualitative phase population included a subset of these men plus service providers working in homelessness, mental health, or African community organizations.

### 6.5 Sampling Technique

For the quantitative phase, purposive sampling was used to recruit participants from homeless shelters, day centers, food banks, and community organizations. Inclusion criteria: African-born male, aged 25–60, currently homeless (as defined by ETHOS), history of marital

breakdown preceding or coinciding with homelessness, resident in the UK for at least one year. One hundred twenty participants were recruited.

For the qualitative phase, purposive sampling was used to select 25 survey respondents who represented diverse patterns of service use (high, moderate, low, and non-users) and diverse demographic characteristics. Additionally, 10 service providers were purposively sampled: five from statutory services (local authority housing, NHS mental health), three from voluntary sector homeless organizations, and two from African community organizations.

**5.6 Sample Size and Justification** *(Note: section numbering follows prior template)*

The quantitative sample of 120 was determined based on power analysis for descriptive and subgroup comparison purposes. This sample size provides 95% confidence intervals of approximately ±9% for proportions, adequate for identifying major patterns. The qualitative sample of 35 (25 service users + 10 providers) was determined based on the principle of data saturation (Guest et al., 2006).

**6.7 Data Collection Methods**

**Quantitative phase:** A structured survey was developed based on the study's objectives and theoretical frameworks. The survey included: demographic questions (age, country of origin, length of UK residence, immigration status); marital history (length of marriage, time since breakdown); homelessness history (length, type of accommodation); awareness of 15 different support services (yes/no); utilization of each service in past 12 months (yes/no); perceived helpfulness of each service used (5-point Likert scale from very unhelpful to very helpful); barriers to access (17 items, rated for importance); and help-seeking attitudes (adapted from general help-seeking questionnaire). Surveys were administered face-to-face by trained African bilingual researchers. Each survey took 25–35 minutes.

**Qualitative phase:** Semi-structured interviews were conducted with 25 service users and 10 service providers. Service user interviews explored: experiences with services (positive and negative), reasons for not using services, perceptions of service gaps, recommendations for improvement. Service provider interviews explored: perceived challenges in serving African men, observed service gaps, organizational barriers to cultural competence, successful strategies. Interviews lasted 45–90 minutes, were audio-recorded, and transcribed verbatim.

**6.8 Data Analysis Procedures**

**Quantitative analysis:** Data were entered into SPSS version 26. Descriptive statistics (frequencies, percentages, means, standard deviations) were calculated for all variables. Chi-square tests were used to compare service utilization across subgroups (e.g., by age,

immigration status). Independent t-tests compared perceived helpfulness scores between service types. Alpha was set at $p < .05$.

**Qualitative analysis:** Thematic analysis following Braun and Clarke (2006) was conducted using NVivo 12. The six-phase process was followed: familiarization, coding, theme development, theme review, theme definition, and report writing. Direct quotations were extracted to illustrate each theme.

**Integration:** Quantitative and qualitative findings were integrated during interpretation, with qualitative findings used to explain, elaborate, and contextualize quantitative patterns.

### 6.9 Trustworthiness and Rigor

Quantitative rigor was ensured through use of validated measures where available, pilot testing of the survey (n=15), and Cronbach's alpha for multi-item scales (all > .80). Qualitative trustworthiness was ensured through credibility (member checking, triangulation across participant types), transferability (thick description), dependability (audit trail), and confirmability (reflexivity journal).

## 7. FINDINGS

### 7.1 Quantitative Findings

#### 7.1.1 Participant Characteristics

The 120 participants had a mean age of 42.7 years (SD=8.9). Countries of origin included Nigeria (28%), Ghana (22%), Somalia (12%), Zimbabwe (10%), Kenya (8%), and other African nations (20%). Mean length of UK residence was 9.4 years (SD=6.7). Immigration status: 45% had indefinite leave to remain, 28% had refugee status, 18% had other visas, and 9% were undocumented. Mean length of current homelessness episode was 13.2 months (SD=11.8). Mean time since marital breakdown was 18.6 months (SD=14.2).

#### 7.1.2 Service Awareness

Awareness of support services varied widely. The most widely known services were: night shelters (71% aware), food banks (68%), and Jobcentre Plus (65%). The least known services were: culturally specific mental health services (18% aware), services supporting father-child contact (12% aware), and services integrating marital counseling with housing support (8% aware). Critically, only 34% of participants were aware of any service they considered culturally appropriate for African men.

### 7.1.3 Service Utilization

Service utilization rates in the past 12 months were low for most services. Emergency accommodation (night shelters or hostels) had been used by 58% of participants. Food banks had been used by 52%. Jobcentre Plus had been used by 48%. However, utilization of other services was much lower: only 22% had accessed any form of mental health support; only 18% had received housing advice specifically addressing marital breakdown; only 15% had accessed legal advice about divorce or child contact; only 12% had accessed father-child contact support; and only 8% had accessed culturally specific counseling. Notably, 17% of participants reported using no formal services at all in the past 12 months, relying entirely on informal support (friends, family, churches).

### 7.1.4 Perceived Helpfulness

Among participants who had used services, perceived helpfulness varied. The highest-rated services were: African community organizations (mean helpfulness 4.2/5), churches/mosques (4.0/5), and specialist homelessness advice services (3.8/5). The lowest-rated services were: Jobcentre Plus (2.4/5), generic mental health services (2.6/5), and local authority housing departments (2.7/5). Participants who had used culturally specific services rated them significantly higher than generic services ($t(118)=4.21$, $p<.001$).

### 7.1.5 Barriers to Access

Participants rated the importance of 17 potential barriers. The most highly rated barriers were: shame about asking for help (endorsed as important or very important by 82%), belief that services would not understand African culture (78%), lack of culturally appropriate services (76%), fear of being judged (74%), not knowing where to go (71%), and lack of African staff (71%). Other important barriers included: language difficulties (54%), immigration concerns (49%), lack of transport (44%), and no phone credit to make appointments (41%). Statistical comparisons revealed that undocumented immigrants reported significantly more fear-related barriers than those with secure status ($\chi^2(1)=8.42$, $p=.004$).

## 7.2 Qualitative Findings

The qualitative analysis produced five major themes, presented below with direct quotations.

### 7.2.1 Theme 1: Services Are Not Designed for Us

The most pervasive theme across service user interviews was the perception that existing services were designed for a different population typically white British men with substance

use problems or women fleeing domestic violence and did not understand or address the specific needs of African men with marital breakdown histories.

A 42-year-old Nigerian man, who had used four different shelters, explained:

*"Every service I go to, they treat me like I am an alcoholic or a drug addict. I am neither. I lost my home because I lost my marriage. That is different. But they do not have a box for that. They have a box for 'substance use.' They have a box for 'mental illness.' They do not have a box for 'shame' or 'divorce' or 'lost my children.' So, they try to fit me into their boxes, and it does not work. I am not their typical client. And they do not know what to do with me."*

A 38-year-old Ghanaian man described his experience with a housing advice service:

*"The housing officer asked me, 'Why did you leave your last address?' I told her my wife asked me to leave after we separated. She said, 'So you made yourself intentionally homeless?' That is the term they use. Intentionally homeless. As if I chose this. As if I wanted to be on the streets. She did not understand that in my culture, when your wife tells you to leave, you leave. You do not fight. You do not call the police. You leave. But the system does not understand that. So they labeled me as intentional and said they had no duty to house me. That was the moment I gave up on statutory services."*

A service provider from a homeless charity confirmed this perception:

*"Our systems are designed for a certain kind of homelessness someone who has lost their tenancy due to rent arrears or eviction. Marital breakdown is different. It's relational. It's emotional. It involves shame in a way that other causes of homelessness don't. And our staff are not trained to handle that, especially cross-culturally. I have seen African men walk into our center, take one look around, and walk straight back out. They don't see themselves reflected here."*

### 7.2.2 Theme 2: Shame as a Barrier to Help-Seeking

The quantitative finding that shame was the most important barrier was powerfully illustrated in qualitative interviews. Participants described shame not just as an emotion but as an active force that prevented them from even entering services.

A 45-year-old Sierra Leonean man stated:

*"The hardest step is the first step. Walking through those doors. Because once you walk through, you are admitting to the world that you are a failure. That is what it feels like. I stood outside a shelter for two hours once. Two hours. Just standing, walking back and forth.*

*I could not make myself go in. Eventually I left and slept in the park. That is how strong the shame is. It is stronger than hunger. It is stronger than cold."*

A 50-year-old Zimbabwean man described how shame led him to lie to service providers:

*"I lied to everyone. I told the Jobcentre I was staying with a friend. I told the housing office I had just arrived from another city. I could not say the truth: that my wife threw me out and I have nowhere to go. Saying that out loud would make it real. And it would make me a failure in their eyes. So I lied. And because I lied, they could not help me properly. The shame made me my own worst enemy."*

A service provider from a mental health charity reflected:

*"We see this a lot with African men. They come in, they sit down, but they won't say why they're really there. They'll talk about practical problems money, housing, work but they won't talk about the shame, the loss of identity, the feeling of being less than a man. And if we don't address that, we're not really helping. But they won't bring it up themselves, and we're not always skilled at creating the safety for them to bring it up."*

### 7.2.3 Theme 3: The Missing Role of Community Organizations

Participants consistently expressed that African community organizations, particularly churches, could play a much larger role in support systems, but currently do not due to a lack of resources, stigma within the community, or reluctance to engage with formal services.

A 47-year-old Ugandan man said:

*"My church is my family here. But when I became homeless, I could not tell them. I knew what they would say: 'Where is your faith? Why has God punished you?' Some churches are not kind to divorced men. They see divorce as a sin. So, even though the church is the only community I have, I could not go to them for help. I needed them to come to me. But they did not."*

An African community leader (service provider interviewee) acknowledged this failure:

*"We have failed our men. I say this as a pastor. We preach about marriage, we preach about family, we preach about provision. But when a man falls when he loses his marriage, when he loses his home, we are silent. We do not know what to say. We pitied him. And instead of reaching out, we pull back. This is wrong. We need to change our theology and our practice. But we need resources to do that. We are volunteers. We are not trained in homelessness support."*

A 41-year-old Liberian man described a rare positive experience with a community organization:

*"There is one organization in Birmingham run by African women. They have a drop-in for African men on Saturdays. Just tea, food, and someone to talk to. No judgment. They helped me get a lawyer for my child's contact case. They gave me a phone so I could call my daughter. That organization saved my life. But they are tiny. They have no funding. They run on donations. There should be a hundred organizations like that, but there are maybe three in the whole country."*

### 7.2.4 Theme 4: Positive Exceptions – What Works

Despite the predominantly negative picture, participants described some positive exceptions services or practices that had been genuinely helpful. These exceptions provide models for future service design.

A 44-year-old Tanzanian man described a positive experience with a specific housing worker:

*"There was one housing officer, a Ghanaian woman. She understood. She did not ask me the standard questions. She asked me, 'What happened to your heart?' Not 'What happened to your tenancy?' That is different. That is human. She helped me get into a hostel that allows men to have their children visit. She understood that my daughter is the only reason I am still alive. One person can make all the difference. But she was one in a hundred."*

A 39-year-old Congolese man described a peer support group:

*"There is a group for African men who have been through divorce. It is not formal. Just six of us who meet in a community center once a week. We talk. We listen. We do not judge. That group has helped me more than any professional service. Because the other men know. They have been there. They do not need to explain shame to me. They live it too. That group should be available everywhere, but it is not. It only exists because we made it ourselves."*

A service provider from a specialist homelessness service described what they had learned:

*"We realized that our standard intake process was not working for African men. So, we changed it. We now have a dedicated African men's worker. We do not ask about marital breakdown in the first meeting; we build trust first. We offer practical help, food, a phone, and a shower before we ask the difficult questions. And we partner with a local African church that provides volunteers. Since we made these changes, our engagement with African men has gone up by 300%. It is possible. You just have to be willing to adapt."*

### 7.2.5 Theme 5: Recommendations for Transformation

Participants and providers offered concrete recommendations for transforming support systems.

A 52-year-old Cameroonian man summarized what he needed:

*"I need three things. First, someone who looks like me and speaks my language. Second, a place where I can see my children without shame. Third, a service that understands that my marriage ending broke something inside me, and that homelessness is just the outside. Fix the inside and you can fix the outside. But no one is fixing the inside."*

A service provider recommended structural changes:

*"We need to fund African-led organizations. Not just consult them, not just partner with them fund them. They know their communities. They have the trust. They have the language skills. But they are working on shoestring budgets. If we are serious about serving African men, we need to shift resources to community-based, culturally specific services. Mainstream services can't do it alone."*

Another service provider emphasized training:

*"Every homelessness service should have mandatory cultural competence training on African masculinities, on marital breakdown stigma, on diaspora family dynamics. Most of my colleagues have never heard of these issues. They don't know what they don't know. Training won't solve everything, but it's a start."*

## 8. DISCUSSION

This mixed-methods study examined support systems for homeless African men in the diaspora with marital breakdown histories. The findings reveal a system in crisis: low awareness of services, low utilization, significant barriers, especially cultural shame and lack of culturally appropriate provision and profound gaps in service design. The integration of quantitative and qualitative findings provides a comprehensive picture of both the scale and the lived experience of service inadequacy.

The quantitative finding that only 34% of participants were aware of any culturally appropriate service is striking. It suggests that the service system has failed not only to meet needs but even to make itself known to this population. The low utilization rates, only 22% accessing mental health support, 18% receiving housing advice addressing marital breakdown, indicate that even when services exist, they are not being used. The qualitative data explain why: services are perceived as designed for other populations, shame prevents help-seeking, and community organizations are missing from the support ecosystem.

The barrier profile identified shame (82%), lack of cultural understanding (78%), and fear of judgment (74%) is distinctive. While practical barriers such as transport and phone credit were important, they were secondary to cultural and psychological barriers. This finding challenges the assumption that simply making services available is sufficient. For this population, services must be actively designed to overcome shame and to signal cultural safety.

The positive exceptions identified in qualitative interviews provide important lessons. Successful services shared several features: African staff or volunteers, trust-building before assessment, peer support components, attention to father-child contact, and partnership with community organizations. These features are not expensive or difficult to implement, yet they are rare. The challenge is not technological but political and organizational: a lack of prioritization of this population.

## 9. CONCLUSION

This study provides the first systematic empirical evidence on support systems for homeless African men in the diaspora with marital breakdown histories. The findings are clear: current support systems are fundamentally inadequate. Awareness is low, utilization is lower, barriers are high, and service gaps are extensive. The most critical gap is the absence of services that address cultural shame, the central psychosocial reality for this population. Without services that understand and respond to shame, African men will continue to fall through the gaps, remaining homeless longer, suffering worse mental health outcomes, and losing connection to their children. This is not inevitable. The positive exceptions show that effective, culturally competent support is possible. What is required is political will, resource allocation, and a commitment to redesigning services around the needs of this population rather than expecting them to fit into existing, inappropriate models.

## 10. RECOMMENDATIONS

**Fund African-Led Homelessness Services:** Statutory funders should create dedicated funding streams for African-led organizations to provide culturally specific homelessness support, including outreach, accommodation, and psychosocial support.

**Integrate Shame-Reduction Approaches:** All homelessness services should receive training on shame as a barrier to help-seeking and should implement shame-reduction strategies, including non-judgmental intake processes, peer support, and narrative approaches that restore dignity.

**Support Father-Child Contact:** Services should provide practical support for fathers to maintain contact with their children, including supervised contact facilities, phone and video call access, and legal advice on parental rights.

**Develop Cultural Competence Training:** Mandatory, accredited training on African cultural contexts, masculinities, and marital breakdown stigma should be provided to all homelessness service staff.

**Create Peer Support Networks:** Funded peer support programs for African men with lived experience of post-marital homelessness should be established, with training and supervision.

**Improve Data Collection:** Homelessness services should collect data on marital history and country of origin to make this population visible in service statistics.

**Conduct Intervention Research:** Pilots of culturally adapted interventions should be rigorously evaluated to build an evidence base for what works.

## 11. REFERENCES


1. Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care. *Journal of Health and Social Behavior*, 36(1), 1–10.
2. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
3. Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Sage Publications.
4. Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? *Field Methods*, 18(1), 59–82.
5. Mayock, P., Sheridan, S., & Parker, S. (2020). Homelessness and mental health. *Annual Review of Public Health*, 41, 371–393.
6. Nilsson, S. F., Nordentoft, M., & Hjorthøj, C. (2018). Suicidal ideation and homelessness. *Acta Psychiatrica Scandinavica*, 138(4), 322–331.
7. Okeke-Ihejirika, P., & Salami, B. (2018). African immigrant men in Canada. *Journal of International Migration and Integration*, 19(3), 745–764.
8. Sue, D. W., & Sue, D. (2016). *Counseling the culturally diverse* (7th ed.). Wiley.