Breaking the Cycle of Homelessness

Final Report for The Salvation Army 2016

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Overview of the Project

The aim of this research was to examine the factors that contribute positively to well-being, resilience, and housing outcomes among people who are transitioning through Salvation Army homeless accommodation services. The research focused in particular on the role of social connectedness as a way to break the cycle of homelessness.

The four inter-related research questions focused on developing an understanding of:

RQ1: the trajectory of homeless people and the process of building social connectedness,
RQ2: the extent to which people are able to effectively draw social support while residing in TSA services,
RQ3: the extent to which perceptions of discrimination and stigma are barriers to benefiting from positive effects of social connectedness,
RQ4: the extent to which there are barriers to benefiting from social connectedness among those who experience mental illness and addiction.

In the second phase of the research project, we also examined the way frontline workers of TSA homeless accommodation services cope with challenges in their job. In particular, among frontline workers, we focused on building an understanding of:

RQ1: levels of workplace stress, burnout, and job satisfaction,
RQ2: the extent to which identification with the Salvation Army protects against burnout and strengthens job satisfaction,
RQ 3: coping strategies to deal with work place stressors.

Three studies were conducted to examine these research questions.

- Study 1 consisted of a longitudinal qualitative and quantitative study among 6 different TSA services in South-East Queensland at three time-points over a one-year period.
- Study 2 consisted of a larger longitudinal national quantitative study among 24 TSA services across Australia. There were two time points, with Time 1 data collected while participants were residing in the service. Time 2 data were collected 6 months later.
- Study 3 consisted of a qualitative and quantitative study with TSA Frontline workers.

Executive Summary

This report summarises two lines of independent research examining (a) clients' experiences within The Salvation Army Homeless Services (Studies 1 and 2), and (b) the way frontline workers of TSA homeless accommodation services cope with challenges in their job (Study 3).

The first study involved a detailed study with 119 clients of services in South-East Queensland. The typical client was in his/her mid-30s, single, with a year 10 education and receiving welfare. Clients' housing histories showed a range of reasons for their entry into the homeless service. Interestingly, only 55% of clients using Salvation Army Homelessness Services saw themselves as "homeless". Moreover, those who saw themselves as homeless (compared to those who did not) were worse off in terms of their mood and well-being, and they perceived higher levels of discrimination against them because of their housing status.

Furthermore, clients' sense of belonging to, and identification with, the homeless service varied across services, and identification was related to their perception of and uptake of opportunities while in the service, perceived social support (while at the service as well as at follow-up time-points), and well-being. Clients who reported more positive and fewer negative social experiences perceived more opportunities at the service, and subsequently had better well-being. The research also demonstrated the significance of the client and case-worker relationship: negative case-worker experiences were particularly damaging to perceiving opportunities at the service, and group belonging.

In terms of housing outcomes, the majority of people who were 'housed' at Time 2 remained 'housed' at Time 3 (89%). Furthermore, participants who were housed at Time 2 were more likely to report improvements in their life in general and mental health compared to participants who were homeless at Time 2. The majority of people who were homeless at Time 2 were still homeless at Time 3 (63%).

A nation-wide survey of 301 clients in 24 services (Study 2) found a similar proportion of clients accepting the "homeless" label (52%). One in four rejected it (27%) and 15% were ambivalent about whether they would describe themselves as homeless. Across the 24 services, clients who were in single room accommodation (compared to units or houses in the community) were more likely to see themselves as homeless and they rated the perceived opportunities at the service, service utilisation, satisfaction with the service and relationship with their case workers as significantly lower than clients in other types of accommodation.

Of the 90 participants who completed the follow up surveys six months later, around half (47%) indicated that their mental health had improved while 37% reported that their physical health had improved. The majority of participants (62%) indicated an improvement in their lives in general. Improvements in health, well-being, and life in general were not associated with type of service they were in or demographic variables. However, improvements were related to *perceived social support and group belonging* while at the service, whereby more improvements were reported by those who also perceived higher levels of social support and group belonging.

The frontline worker study (Study 3) was conducted among 60 participants across Australia. Results showed that lower reported burnout and higher levels of job satisfaction were related to higher levels of identification with their centre of employment and with The Salvation Army. Likewise, higher levels of perceived support from The Salvation Army, centre managers, and colleagues were all related to higher identification, lower levels of burnout and higher levels of job satisfaction.

Our findings lead to the following policy recommendations:

1) Higher client identification with services was associated with enhanced perceptions of support and enhanced perceptions of opportunities at the service.
2) Those clients who joined new groups and felt connected to a community while in the service experienced higher well-being and they perceived to a lesser extent that they were targets of discrimination. This suggests that facilitating the building of group memberships and communities within the service itself and facilitating bridging to the community after clients leave the service is beneficial for client outcomes.
3) Many participants in our research who used homelessness services did not see themselves as homeless. What is more, the participants that did see themselves as homeless reported lower well-being than those who did not see themselves as homeless. This suggests that, in the delivery of services, it is important not to assume the status of people. It is also important not to require people to identify as homeless for them to be able to make use of the service.
4) Among case-workers, high levels of identification with The Salvation Army protected well-being. This shows that in order to create and maintain a healthy workforce, it is important to build connectedness with the workplace and to develop a supportive organisational climate.

In sum, despite a nation-wide shortage of affordable housing options for clients of homeless services, our findings suggest that strategies that build identification and facilitate the provision of social support in services might be an important first step in breaking the cycle of homelessness. Our findings show a strong relationship between short-term housing outcomes (i.e. three months after leaving the service) and longer-term housing outcomes (i.e. 9 months after leaving the service), emphasising the importance of early positive experiences and support within the service.

Although homelessness is a complex issue with many factors at the individual, service, and broader socio-political level contributing to housing outcomes, the findings of this research project indicate that a number of individual factors (such as prior history of homelessness, gender, age, and employment) did not predict housing outcomes at 3 months or 12 months. Instead, the findings demonstrate and reveal the importance of social factors in determining housing and well-being outcomes. Therefore, we suggest that strategies that the TSA adopts to foster social connectedness among its clients will not only serve as building blocks for the psychological well-being of these clients, it will also enhance their capacity to secure and sustain housing.

1. Study 1: Residing in Salvation Army homeless accommodation services in South-East Queensland

1.1 Sample Description

The Salvation Army (TSA) Services

One hundred and nineteen participants (56 male; 63 female) were recruited from different TSA homeless accommodation services across South-East Queensland. Recruitment took place at house meetings or during informal meetings with researchers on site. Table 1 summarises the number of participants that were sampled from each accommodation service.

Time 1 data were collected while participants were residing at the service. Time 2 data were obtained 2 – 4 weeks after participants had left the service (or three months after Time 1 if participants had not left the residence after the three month period). Time 3 data were collected 1 year after Time 1. There was significant dropout over time in particular among participants recruited at Pindari; we were only able to contact 25% of the men from Pindari and 33% of the women at Time 3.

Table 1. Frequency of Participants by TSA Residence at Recruitment

	TOTAL (N = 119)		Time 2 (N = 76)		Time 3 (N = 49)	
	N	%	N	%	N	%
Pindari Men's	54	45.38	30	39.47	14	28.57
Pindari Women's	18	15.13	9	11.84	6	12.25
Still Waters Crisis	14	11.77	9	11.84	9	18.37
Still Waters Medium-Term	8	6.72	7	9.21	4	8.16
Still Waters Families	6	5.04	4	5.26	2	4.08
Glenhaven	10	8.40	9	11.84	6	12.25
Noosa	9	7.56	8	10.53	8	16.33

Demographic Characteristics

Table 2 summarises the demographic characteristics of participants across the three time-points. The mean age of participants was 35 years (with a range of 19 to 59 years). At Time 1, the typical length of stay at the service was 4 weeks (with a range of 1 to 52 weeks). The typical educational attainment was Year 10 (30% of sample). Eighty two per cent of participants had children, although only a minority of our participants (18.5%) were living with at least one of their children.

Table 2. Demographic Characteristics of Participant for the Full Sample of Participants, and at Follow-up Time-points

	TOTAL (N = 119)		Time 2 (N = 76)		Time 3 (N = 49)	
Age in years (Mean, Standard Deviation)	M = 35.39	SD = 9.34	M = 34.26	SD = 9.05	M = 36.02	SD = 9.50
	N	%	N	%	N	%
Gender						
Male	56	47.10	31	40.80	16	32.70
Female	63	52.90	45	59.20	33	67.30
Ethnicity [a]						
None Stated	18	15.13	13	17.11	10	20.41
Australian	66	55.46	42	55.26	26	53.06
Caucasian	8	6.72	5	6.58	2	4.08
Aboriginal/ Torres Strait Islander	10	8.40	6	7.89	3	6.12
Other	17	14.29	10	13.16	8	16.33
Have Children						
Yes	82	68.90	56	73.70	34	69.40
No	37	31.10	20	26.30	14	28.60
Highest Education						
Year 9 or 10 of High School	63	52.94	41	53.95	26	53.06
Year 11 or 12 of High School	19	15.97	13	17.11	7	14.29
Vocational	22	18.49	16	21.05	11	22.45
University	9	7.56	5	6.58	4	8.16
Other	6	5.04	1	1.32	1	2.04
Relationship Status						
Single	69	57.98	45	59.21	25	51.02
Non-cohabitation relationship	20	16.81	8	10.53	8	16.33
De Facto/Married	6	5.04	9	11.84	8	16.33
Separated/Divorced	23	19.33	13	17.11	6	12.24
Widowed	1	0.84	1	1.32	1	2.04
Main Income Source						
Full-time employment	1	0.84	6	7.89	1	2.04
Casual/Part-time	11	9.24	8	10.53	4	8.16
Welfare+ employment	10	8.40	6	7.89	4	8.16
Welfare	96	80.67	55	72.37	39	79.59
Other	1	0.84	1	1.32	1	2.04

a. Ethnicity was coded from an open-ended response format

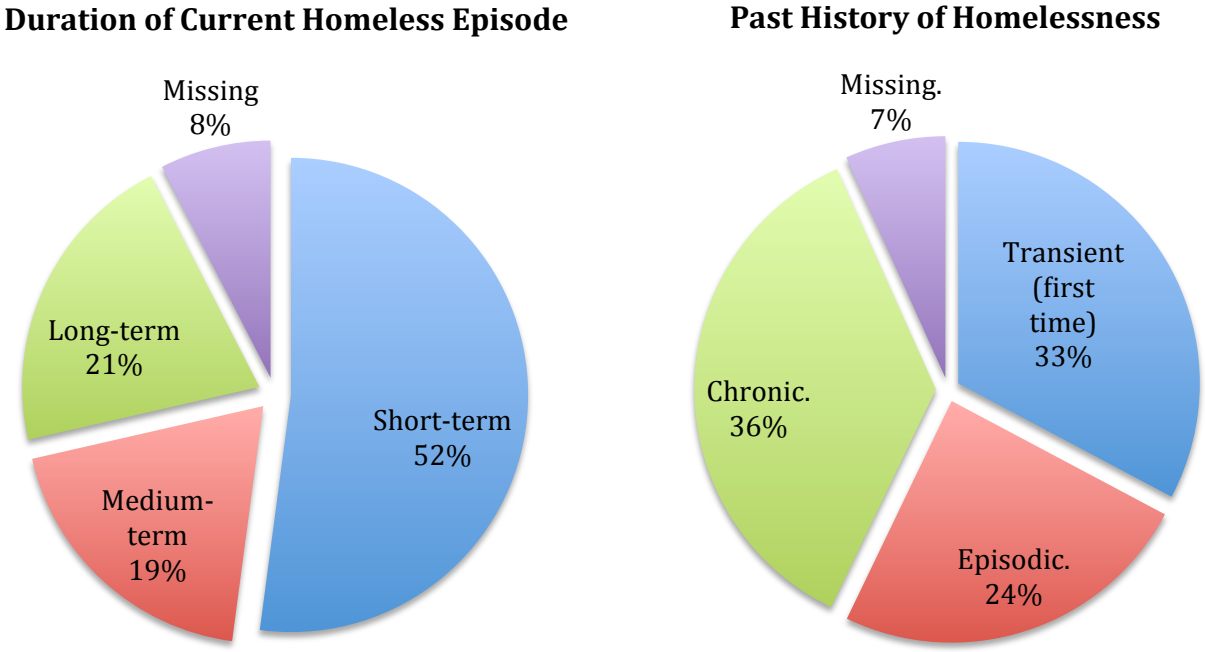
Housing History

Participants' history of homelessness was determined on the basis of interview data, and coded according to homeless typologies reported in the literature[1]. Participants were classified as either *Transitional* (homeless for the first time or no prior history of homelessness); *Episodic* (having had prior episodes of homelessness that were generally short term [< 1 year] between periods of stable housing); or *Chronic* homelessness (frequently occurring episodes of homelessness, and episodes that were longer term [> 1 year]). In line with patterns of time spent homeless, we also coded duration of current homeless episode as *Short-term* (< 6 months), *Medium-term* (6 – 12 months) or *Long-term* (> 12 months), according to timeframes used in previous homelessness research[2]. The proportion of housing history variables is presented in Table 3.

Table 3: Homelessness History of Participants at Time 1

	N	%
Duration of Current Homeless Episode		
Short-term	62	52.10
Medium-term	23	19.33
Long-term	25	21.01
No data	9	7.56
Past History of Homelessness		
Transient (first time)	39	32.77
Episodic	29	24.37
Chronic	43	36.13
No data	8	6.72

Figure 1: Housing History of Participants at Time 1



1.2 Housing Trajectories

One of the main outcomes of interest was housing trajectories after leaving TSA services. This section summarises the overall housing outcomes for participants.

Table 4. Participants' Accommodation Type at Time 2 and Time 3 by Frequency and Percentage

Accommodation Type	Time 2		Time 3	
	Frequency	% *	Frequency	% *
Long-Term Social Housing	4	5.26	8	17.78
Private Rental Property	10	13.16	10	22.22
Room in Share House	13	17.11	3	6.67
Transitional/ Medium-Term Supported Accommodation [a]	22	28.95	12	26.67
Crisis Homeless accommodation	5	6.58	3	6.67
Caravan Park/ Motel/ Hotel	7	9.21	1	2.22
Boarding House	9	11.84	3	6.67
Couch-surfing	6	7.90	5	11.11
****Missing**	43		74	

* Percentage is based on proportion of non-missing people found (i.e. 74 at Time 2, 46 at Time 3)

a. Transitional/medium-term housing refers to housing that is owned or managed by government or non-government/community organisations with a restriction of stay (usually between six months to three years). Those staying at supported accommodation services can typically access some form of support (e.g. a case-worker).

The most common form of residence participants exited into at Time 2 was transitional/ medium-term supported housing. At Time 2, 47% of the participants were considered 'homeless' according to the ABS statistical definition[3]. At Time 3, 36% were homeless. Table 5 shows the movement from housing status at Time 2 to housing status at Time 3. The majority of people who were not homeless at Time 2 remained not homeless at Time 3 (86%). However the majority of people who were homeless at Time 2 were still homeless at Time 3 (59%).

Table 5. Homelessness and Housing Stability from Time 2 to Time 3 (*N* = 45)

	Housing Status Time 3		Total
	Not homeless	Homeless	
Housing Status Time 2			
Not homeless	41.86%	6.98%	48.84%
Homeless	20.93%	30.23%	51.16%
Total	62.79%	37.21%	

Predictors of Housing Outcomes at Time 2 and Time 3

Table 6 shows the prevalence of homelessness at Time 2 and Time 3 by participants' demographic characteristics.

Prior history of homelessness, gender, age, and employment **were not** related to housing status at Time 2 or 3.

However, type of residence at Time 1 was a predictor of being 'homeless' at Time 2 and 3. Specifically, participants from Glenhaven and Noosa services were more likely to be in transitional housing or social housing after exiting the service and less likely to be 'homeless' than those residing in other services. Duration of current homeless episode at Time 1 was only a weak predictor of housing status at Time 2; participants whose duration of current homeless episode was greater than 12 months were more likely to be 'homeless' at Time 2 compared with those who had only had short homelessness episode (< 6 months) at Time 1. Participants who had children had a higher likelihood of being 'housed' at Time 2 and 3. Participants who at Time 1 reported drinking at levels that indicated alcohol misuse had a higher likelihood of being 'homeless' at Time 3, compared to people who scored below the cut-off for alcohol misuse at Time 1.

Participants who were homeless at Time 2 and 3 also reported lower levels of social support than those who were in stable housing. Furthermore, participants who reported lower levels of social support at Time 2 were more likely to be 'homeless' at Time 3. The relationship between group belonging, social support, and housing outcomes (RQ 1 and 2) will be discussed in more detail in subsequent sections.

Table 6. Prevalence of Homelessness at Time 2 and Time 3 by Demographic Characteristics (Time 1 Measurement)

Demographics	Homeless Time 2		Homeless Time 3	
	Frequency	% *	Frequency	% *
Males	15	48.39%	5	41.67%
Females	19	45.24%	10	33.33%
18 to 24 years	7	53.85%	1	33.33%
25 to 44 years	22	44.00%	11	35.48%
45 years plus	5	50.00%	3	37.50%
Identifies as Aboriginal/ Torres Strait Islander (ATSI)	2	60.00%	0	0%
Doesn't identify as ATSI	32	45.45%	15	35.71%
Single	25	55.56%	9	37.50%
Married/de facto	0	0.00%	0	0%
Has children	22	42.31%	8	25.00%
No children	12	57.14%	7	70.00%
Employment	2	25.00%	1	33.33%
No form of employment	31	49.20%	13	35.14%
Harmful Drinking Levels Time 1 (AUDIT > 13)	11	52.38%	5	71.43%
Harmful Drinking Levels Time 2 (AUDIT > 13)	9	50.00%	4	66.67%
Total	34	46.58%	15	35.71%

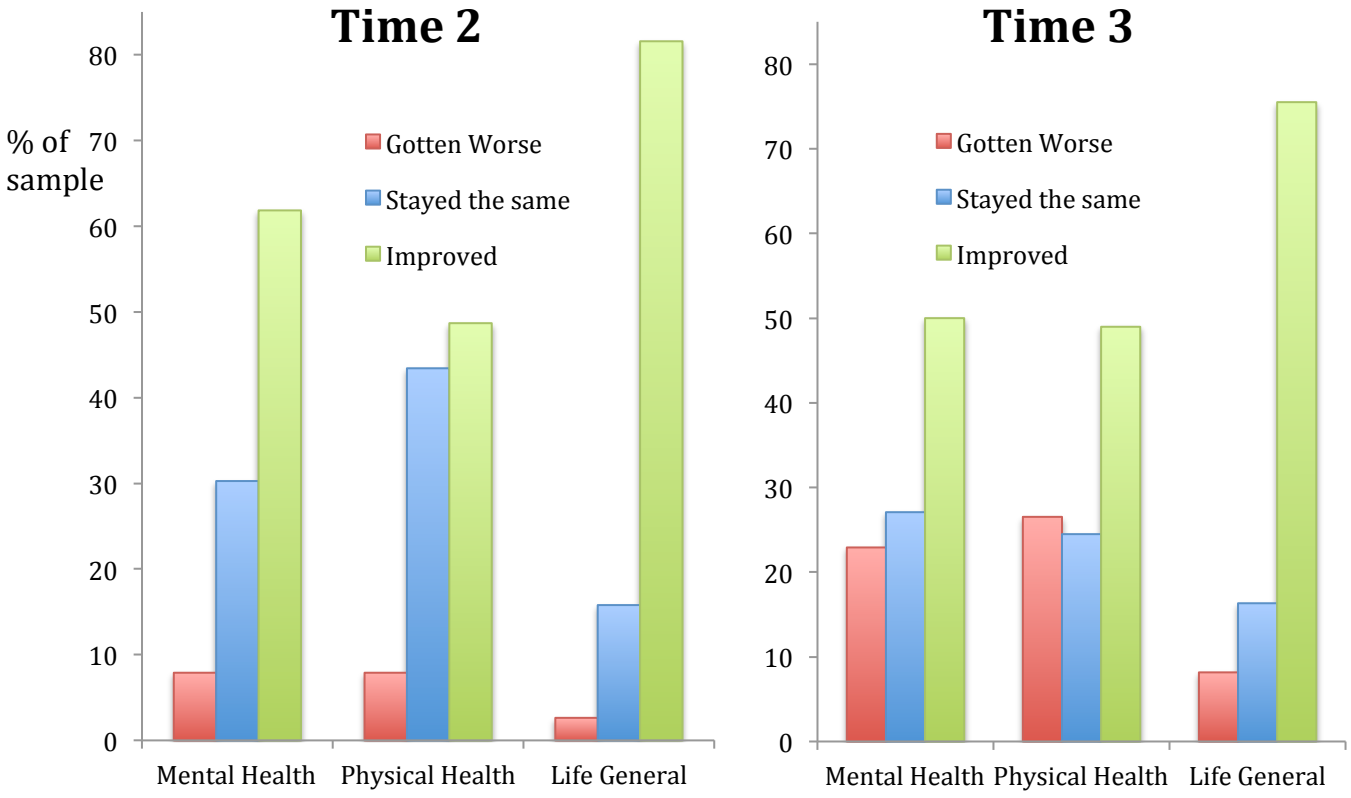
AUDIT = Alcohol Use Disorder Identification Test[4]

* Percentage refers to the number of people experiencing homelessness out of all people that fall into the category.

1.3 Mental Health and Well-being

In addition to housing, the research focused on participants' health and well-being trajectories. As Figure 2 shows, 61% of participants at Time 2 considered that their mental health had improved compared to Time 1; 49% reported an improvement in physical health and 82% indicated an improvement in their general life quality. At Time 3, 50% reported a further improvement in mental health compared to Time 2; 49% an improvement in their physical health, 76% perceived an improvement in their life in general.

Figure 2. Perception of Change in Physical Health, Mental Health, and Life in General at Follow-up Time-points Compared to Previous Time-point

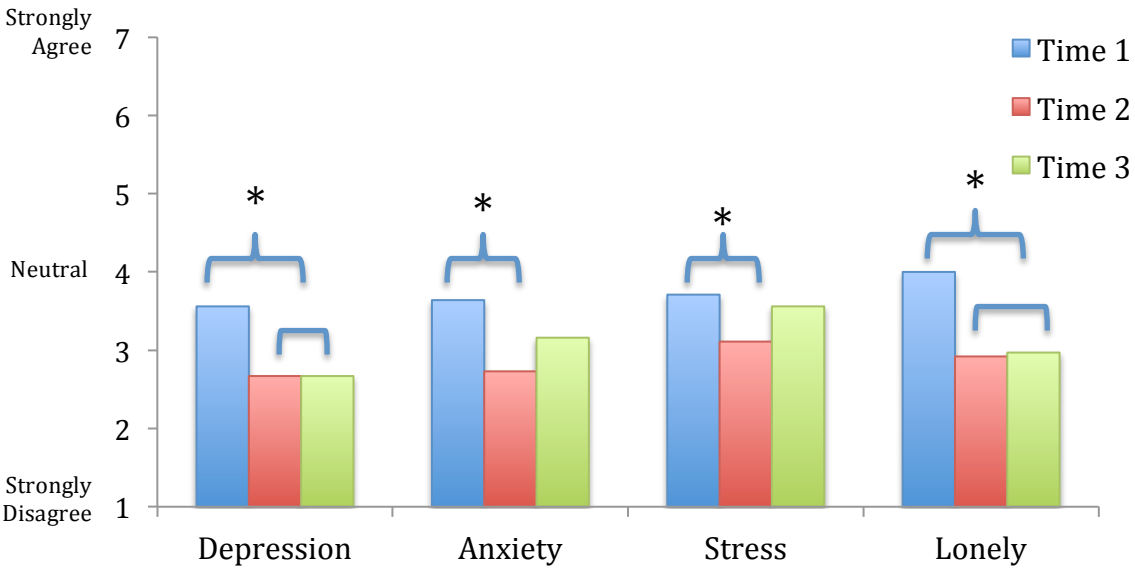


Participants who were not homeless at Time 2 were more likely to report improvements in their life in general and in their mental health compared to participants who were homeless at Time 2

Depression, Anxiety, Stress, and Loneliness

We examined participants' level of negative mood states by asking them to respond to the question *Today I am feeling* _____ in relation to "depression", "anxiety", "stress" and "lonely". Responses were recorded on a 7-point scale ranging from 1 *Strongly Disagree* to 7 *Strongly Agree*.

Figure 3. Sample Mean Scores on Feelings of Depression, Anxiety, Stress, and Lonely



Note: * indicates a significant difference between the indicated bars at $p < .05$

There was a significant improvement in Depression symptoms from Time 1 to Time 2 (i.e. participants reported lower rates of feeling depressed), but no change between Time 2 and Time 3. There was also a significant decrease in the reporting of Stress and Anxiety symptoms from being at the service (Time 1) to after leaving the service (Time 2). However, Stress and Anxiety scores increased slightly from Time 2 to Time 3. Loneliness decreased from Time 1 to the Time 2, and remained stable from Time 2 to Time 3.

Social support at Time 1 and Employment status at Time 1 predicted change in negative mood, with people who had higher levels of support reporting better mood outcomes. People who were employed at Time 1 also reported better mood outcomes at Time 2.

Well-being and Overall Life Satisfaction

To examine well-being, participants were asked to complete the Personal Well-being Index-Adult[5]. The 8-item measure examines satisfaction with eight domains of life; standard of living, health, current life achievements, personal relationships, safety, community involvement, future security, and spirituality. Responses were recorded on an 11-point scale from 0 *(Completely Dissatisfied)* to 10 (*Completely Satisfied*). Overall life satisfaction was also measured on the same scale, with the single item: *How satisfied are you with your life overall*.

Figure 4. Sample means on the Personal Well-being Index and Overall life satisfaction while at the service (Time 1), 2 – 4 weeks after leaving the service

Note: * indicates a significant difference between the indicated bars at $p < .05$

There was a significant improvement in both overall life satisfaction and personal well-being from Time 1 to Time 2, but no change between Time 2 and Time 3. At all three time-points, both life satisfaction and personal well-being were lower than the Australian norm for these scales.

Higher well-being and life satisfaction were related to:

- Lower social isolation
- Higher perceived availability of social support
- Lower perceptions of discrimination
- Higher identification with the service
- Feeling a sense of belonging to multiple groups

The relationship between identification, group belonging, social support, and well-being will be discussed in more detail below.

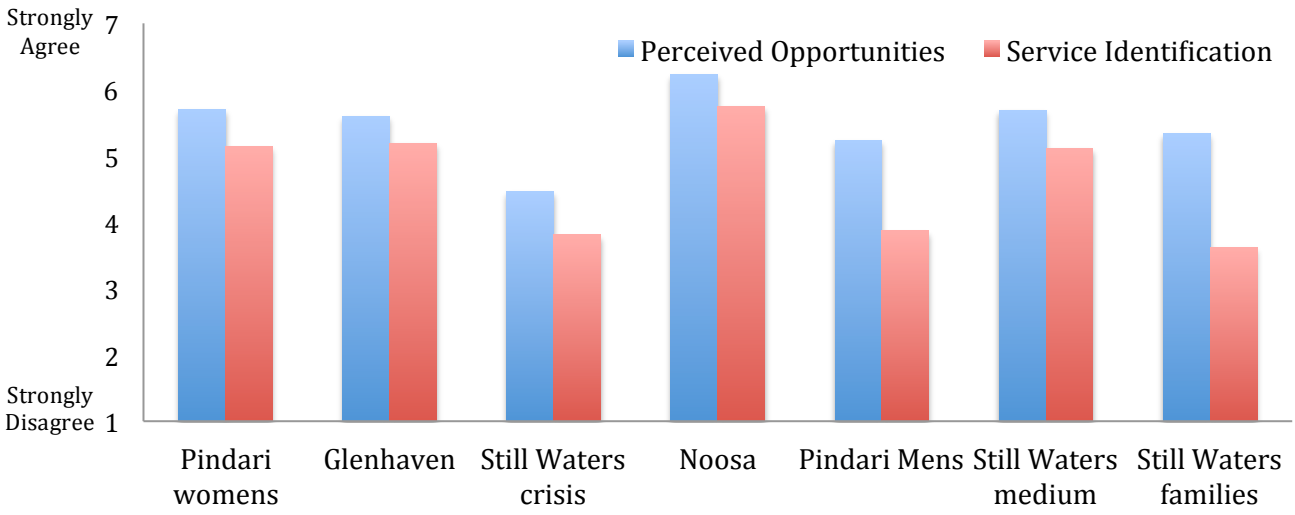
Alcohol consumption, age, employment, and history of homelessness **did not** predict well-being or life satisfaction

1.4 Experiences at the Service

Service Identification and Perceived Opportunities at the Service

Given a large research literature that shows evidence of beneficial effects of belongingness on a range of positive outcomes, such as health and well-being[6], one of the key aims of the research was to gain an understanding of participants' level of belonging to the service, known as identification with the service (see RQ 2). The aim was to examine how these perceptions relate to well-being, social support, and housing. Participants completed measures of service identification (e.g. *I see myself as a member of Pindari*, *I feel strong ties with members of Pindari*) on a 7-point scale (from 1 *Do not agree at all* to 7 *Agree completely*). Participants were also asked about the extent to which they perceived there were opportunities at the service (e.g. *People at Pindari are provided with plenty of opportunities to improve their lives*) and the extent to which they made use of opportunities (e.g. *I have made use of the opportunities available here to improve my life*). The average score of these measures for each TSA service are shown in Figure 5.

Figure 5: Sample Mean Scores for Perceptions of Identifying with the Service and Perceiving Opportunities at the Service



Service identification and perceived opportunities were related, such that higher levels of belongingness to the service were associated with higher levels of perceiving and using opportunities. Women reported higher levels of service belonging compared to men, but there were no gender differences in perceived opportunities. History of homelessness and current duration of homeless episode were not related to either service identification or perceived opportunities.

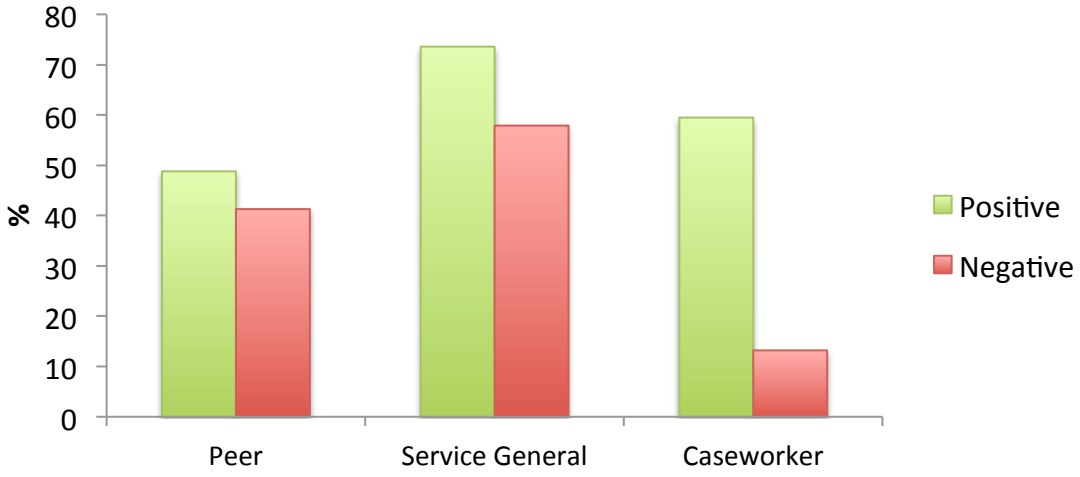
Higher service identification and perceived opportunities while participants were at the service (Time 1) predicted higher reported well-being, higher levels of self-rated availability of social support, higher levels of belonging to more group memberships, and lower levels of self-rated social isolation at the second follow-up (Time 2). Higher service identification and perceived opportunities (as measured at Time 1) also

predicted higher perceived availability of social support at the second follow-up (Time 3).

Positive and Negative Experiences at the Service

Participants' positive and negative experiences with peers, workers, and the service more generally, were drawn from interview data. In total, 34% of participants reported positive experiences in all three domains, compared with only 8% who reported negative experiences in all three domains. Further, 37% of participants reported positive experiences in two domains, 8% reported having a positive experience in just one domain, and 19% reported no positive experiences. Comparatively, 28% of participants reported negative experiences in two domains, 34% reported negative experiences in one domain and 29% reported no negative experiences. Figure 6 shows the percentage of participants who reported at least one positive or negative experience with peers, workers, and the service in general.

Figure 6: Percentage of Sample who Reported at Least One Negative or Positive Experience with Peers, Service in General, and Their Case-worker(s)



Females were more likely to report positive experiences compared to male participants, but there were no gender differences for reported negative experiences. The frequencies of positive or negative experiences were unrelated to other demographic variables.

The frequency of positive experiences with the service in general was related to perceiving more opportunities at the service. More positive experiences were also related to gains in social connectedness (as measured by self-reports that participants felt they belonged to multiple groups). Positive experiences were not directly related to well-being, mood, or identification with the service, but positive experiences indirectly predicted well-being through perceived opportunities and gains in multiple group memberships.

The frequency of negative experiences was related to lower social connectedness, lower well-being, perceiving less opportunities and lower identification with the service. In particular, it was negative experiences with case-workers that were predictive of these

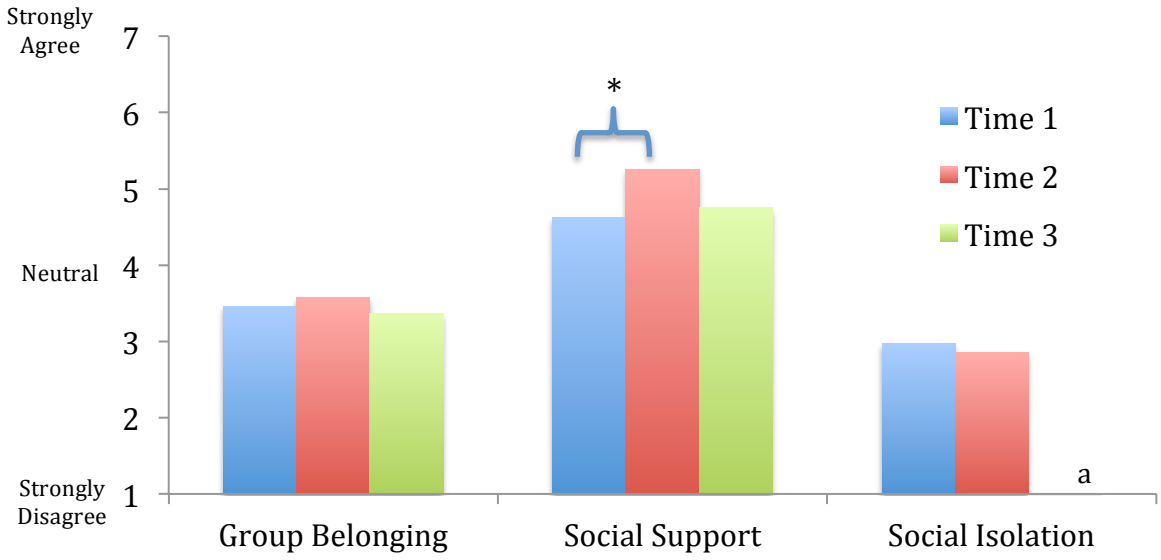
negative effects. Negative experiences were not related to participants' mood, gender, or other demographic variables.

1.5 Social Participation and Inclusion

Social Connectedness and Social Support

The first two research questions of the project focused on examining participants' social connectedness (RQ1) and the extent to which people are able to effectively draw social support in TSA services (RQ2). We measured level of group belonging by focusing on the number of groups that participants belonged to (e.g. *I belong to many groups*), perceived availability of social support (e.g. *I get the emotional support I need, I get the help I need*), and social isolation (e.g. *I am a loner*) on a 7 point scale from 1 *Strongly Disagree* to 7 *Strongly Agree*. There was no significant systematic change of group belonging and social isolation across time, however social support significantly increased from Time 1 to Time 2, but then decreased again from Time 2 to Time 3.

Figure 7. Mean Scores for Group Belonging, Social Support and Social Isolation across the Three Time Points



Note: * indicates a significant difference between the indicated bars at $p < .05$

a. Social Isolation was not measured at Time 3

Service identification and perceived opportunities while at the service predicted group belonging, social support, and social isolation at the follow-up time-point (T2). The more people reported being connected with the service and perceiving opportunities at the service, the better their subsequent reported social connectedness on all measures (i.e. group belonging, perceived social support, and social isolation).

Reported social support and social isolation were also related to housing outcomes: people who were in stable housing (compared to those who were not) reported receiving more social support and they indicated that they experienced less social isolation compared to those who remained homeless. Additionally, change in social support predicted housing outcomes – if participants reported an increase in social support from Time 1 to Time 2, they were less likely to be homeless at Time 2 and marginally less likely to be homeless at Time 3. Conversely, a decrease in social support

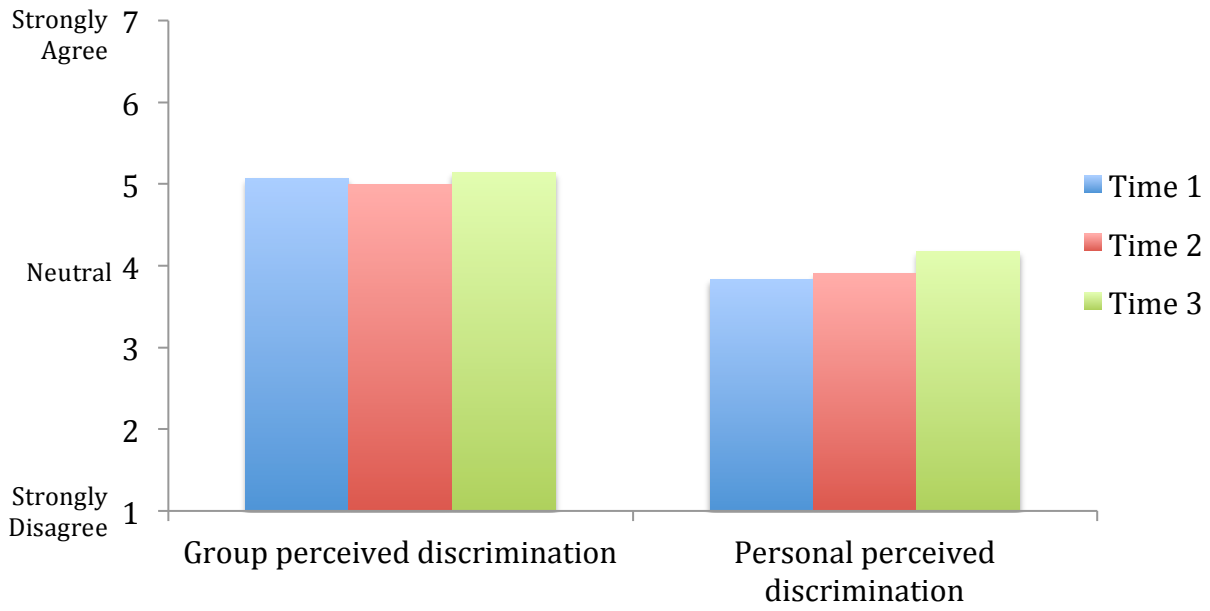
over time was associated with a higher likelihood of being homeless at subsequent time-points.

1.6 Perceptions of Discrimination and Stigma of Being a "Homeless" Person

To examine the extent to which perceptions of discrimination and stigma are barriers to benefiting from social connectedness (RQ3), we asked participants to what extent they experienced discrimination and prejudice (e.g. *People have discriminated against me because of my housing situation*). We also examined whether participants perceived homeless people as a group to be targets of discrimination (e.g. *Homeless people as a group face discrimination*).

Participants perceived that "homeless people as a group" encountered more discrimination than the discrimination they themselves had personally experienced. Neither the perception of discrimination for self or for "homeless people" as a group changed systematically over time.

Figure 8. Sample Mean Scores for Group-Based and Personal-Based Perceived Discrimination Across Time



Higher reported levels of perceived discrimination for homeless people as a group predicted lower reported social connectedness at subsequent time-points, suggesting group-based discrimination was a barrier to gaining group memberships. Perceived personal discrimination, however, was unrelated to social connectedness.

Higher reported levels of discrimination at a personal level predicted higher levels of social isolation and lower levels of social connectedness, social support and well-being.

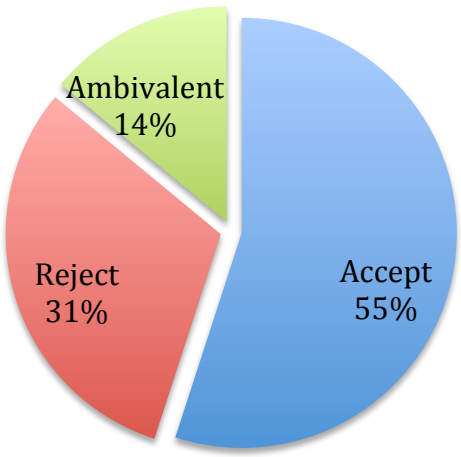
History of homelessness, duration of current homeless episode at Time 1, or housing status at Time 2 and 3 **were not** related to perceptions of discrimination (either personal or group based). Demographic variables were also unrelated to perceived discrimination.

Residents of medium-term accommodation services reported less perceived group-based discrimination compared to participants who resided in crisis services.

Self-Categorisation as Homeless

To examine the effect of self-categorising as homeless, we drew from responses to interview questions such as "do you see yourself as homeless?" or "do you consider yourself to be homeless?" We coded responses as either: accepting the homeless label, rejecting the homeless label, or feeling ambivalence towards the homeless label. Responses are shown in Figure 9.

Figure 9: Percentage of Participants' Self-Categorisation as Accepting homeless Label, Reject Label, or Ambivalent.



People who self-categorised as homeless (i.e., "accept") reported higher levels of negative mood and lower levels of well-being than people who rejected the homeless label. Perceived personal discrimination was related to self-categorisation as homeless, whereby participants who accepted the homeless label perceived more discrimination against them personally, compared to people who rejected the homeless label.

Self-categorisation as homeless while at the service also predicted social isolation and access to social support after leaving the service, with people who accepted the homeless label reporting higher levels of social isolation and lower levels of social support, compared to people who rejected the label.

Self-categorization **was not** related to:

- Prior homeless history or current homeless episode duration
- Service utilisation, identifying with the service or perceived opportunities at the service
- Age, gender, employment status, relationship status

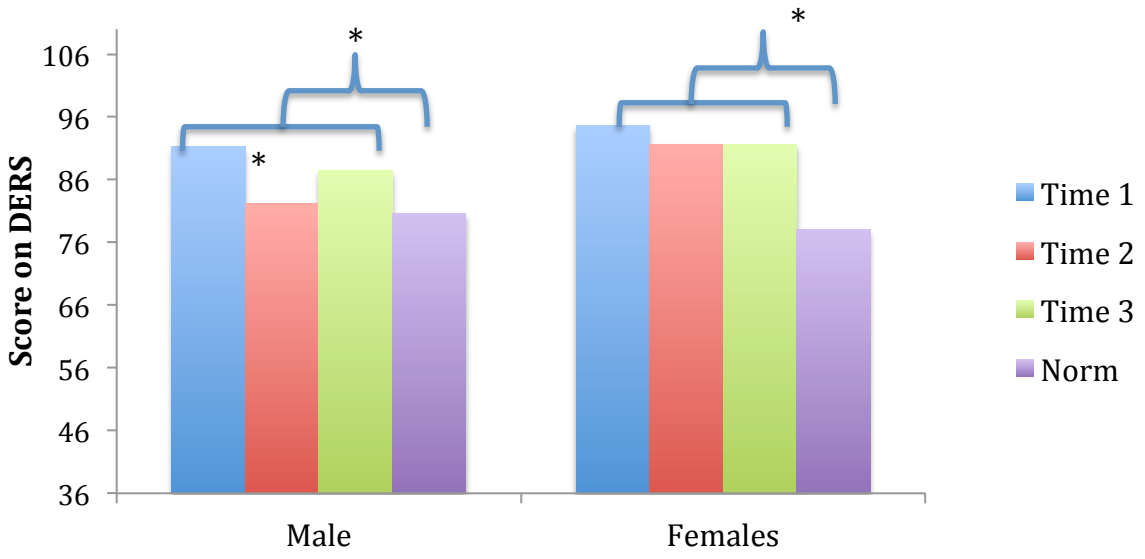
1.7 Difficulties in Emotion Regulation

To examine if mental illness characteristics are a barrier to social connectedness and well-being (RQ4), we measured emotion dysregulation. Emotion dysregulation is considered to be a core feature of many mental disorders[7] and refers to maladaptive emotional responsiveness. This can include heightened intensity of emotions, poor awareness and understanding, non acceptance of emotions, difficulties controlling behaviour when distressed, and deficit in the functional use of emotions[7].

Participants completed the Difficulties in Emotion Regulation Scale (DERS)[8]. The DERS asks about six different domains of emotion regulation; lack of emotional awareness (e.g. *I care about what I am feeling*, [reversed]), non-acceptance of emotional responses (e.g. *When I'm upset, I feel ashamed with myself for feeling that way*), difficulties in goal-directed behaviour (e.g. *When I'm upset, I have difficulties concentrating*), impulse control difficulties (e.g. *When I'm upset, I lose control over my behaviour*), limited access to emotion regulation strategies (e.g. *When I'm upset, it takes me a long time to feel better*), and lack of emotional clarity (e.g. *I have difficulty making sense out of my feelings).* The items are measured on a scale from 1 *Almost Never* to 5 *Almost Always*, and the responses to the 36 items are summed. The scale scores range from 36 to 180, whereby higher scores indicate greater emotion dysregulation.

Figure 10 shows participants scores on the DERS across the three time-points for males and females, and the normed data from the general population[8].

Figure 10. Sum Totals on the Difficulties in Emotion Regulation Scale for Participants at Each Time-point and of the General Population (from U.S. Norm Data), with Higher Scores Indicating Greater Emotion Regulation Difficulties.



Note: * indicates a significant difference between the two bars at $p < .05$

Difficulties in emotion regulation were higher for both male and female participants compared to previously reported norms for the general population. History of homelessness was associated with DERS at Time 1: participants who were chronically homeless reported higher levels of difficulties in emotion regulation compared to participants who were first-time homeless.

Higher emotion regulation difficulties predicted lower well-being, higher rates of negative mood and social isolation, and lower levels of perceived social support. Emotion regulation difficulties at follow-up time-points were predicted by social support at Time 1. That is, higher levels of perceived availability of social support at Time 1 were related to lower levels of difficulties in emotion regulation at Time 2 and Time 3.

1.8 Alcohol and Drug Use

The survey also examined whether alcohol and drug-use was a barrier to develop strong social connectedness and other positive outcomes (RQ4). Disordered alcohol use was measured with the Alcohol Use Disorders Identification Test (AUDIT)[4]. Participants were asked if they used any drugs, other than alcohol and tobacco, and if yes, what was their most commonly used drug (Table 7).

Table 7. Reported Alcohol and Drug-Use across the Three Time-points.

	Time 1		Time 2		Time 3	
	N	%	N	%	N	%
Alcohol Use						
No drinking reporting (AUDIT 0)	27	22.69	15	20.27	13	28.26
Low Risk (AUDIT 1 - 7)	31	26.05	29	39.19	20	43.48
Risky or hazardous (AUDIT 8 - 15)	27	22.69	14	18.92	7	15.22
High Risk or harmful level (AUDIT 16 - 19)	9	7.56	5	6.76	1	2.17
Very High Risk (AUDIT 20 +)	25	21.01	11	14.86	5	10.87
Drug Use*						
No reported drug used/No response	83	69.75	51	68.92	38	82.61
Cannabis	21	17.65	13	17.57	5	10.87
Amphetamine	9	7.56	6	8.11	1	2.17
Opiate	3	2.52	2	2.70	0	0.00
Other	3	2.52	2	2.70	2	4.35
Total	119		74		46	

* Only primary drug of choice is reported

Males reported higher levels of risky drinking compared to females. However, there were no associations between drinking or substance use and other demographic variables.

Alcohol and substance use was also unrelated to housing status at Time 2 or Time 3.

Alcohol and substance use was also not related to any of the well-being or social inclusion measures. However, given the low response rates to these questions, these results have to be interpreted with caution.

2. Study 2: Quantitative National Study

2.1 Final Sample Description

Study 2 consisted of a quantitative study of Salvation Army services across Australia. Inclusion criteria for the study included services that were specialised homeless services for adults (clients aged over 18) that provided accommodation for people who were experiencing or were at risk of homelessness. Services that targeted youths, aged-care facilities, hostels for students, and TSA managed properties that did not specifically cater for people experiencing homelessness were excluded. The method was a survey approach that was conducted by workers of the TSA service, or in some cases, researchers from the University of Queensland. In total, data were collected from 24 different services (characteristics are summarised in Table 8).

Table 8. Characteristics of the Service by Frequency

Service Characteristics	N (Total = 24)	%
Clients		
Single Men only	7	33.33
Single Women only	7	25.00
Single women with children	1	4.17
Single women or women with children [a]	3	12.50
Families	2	8.33
Youth (under 26)	1	4.17
Other (mix of men, women, and families)	3	12.50
Accommodation Type		
Shared Rooms [b]	2	8.33
Single Room Shared Facilities	9	37.50
Single Room with bathroom	5	20.83
On site Units	3	12.50
Houses/ unit within community	6	25.00
Typical Length of Tenancy [c]		
Crisis/Short-term (3 month tenancy)	13	54.17
Transitional (12 month tenancy)	10	41.67
Long-term (> 12 month tenancy)	1	4.17
On-site support services offered		
Yes	20	83.33
No	4	16.67
Number of units/beds		
10 or less	4	16.67
11 to 25	8	33.33
26 to 50	4	16.67
more than 50	6	25.00
Meals offered		
Yes	9	37.50
No	12	50.00

a. These services were all targeting domestic violence refuges
b. Services that had shared rooms also had single rooms
c. Services all reported that length of tenancy was based on duration and need

Characteristics of Participants

In total, 301 participants (200 males) were recruited while participants were residing at a TSA homeless accommodation service (Time 1), and 90 participants completed the follow-up (6 months post Time 1). The majority of participants were recruited from crisis accommodation, and were staying in services that provided single room accommodation. Table 9 summarises the number of participants recruited from the different service types, and Table 10 summarises the characteristics of the participants across the whole sample.

Table 9. Frequency of participants by TSA residence type

	TOTAL (N = 301)		Follow-up (N = 90)	
	N	%	N	%
Service Clients				
Single Men only	177	58.80	49	54.44
Single Women only	44	14.62	14	15.56
Single women with children	3	1.00	2	2.22
Single women or women with children [a]	15	4.98	3	3.33
Families	14	4.65	6	6.67
Other (mix of men, women, and families)	48	15.95	14	15.56
Service Accommodation Type				
Single Room Shared Facilities	216	71.76	62	68.89
Single Room with bathroom	44	14.62	15	16.67
On site Units	20	6.64	5	4.44
Houses/ unit within community	20	6.64	8	8.89
Typical Length of Tenancy [b]				
Crisis/Short-term (3 month tenancy)	207	68.77	62	68.89
Transitional (12 month tenancy)	58	19.27	18	20.00
Long-term (> 12 month tenancy)	35	11.63	9	10.00
Service Type for analyses [c]				
Single room - crisis	178	59.14	52	57.78
Single room - Transitional	82	27.24	23	25.56
On-site units/self-contained rooms	20	6.64	6	6.67
In community housing	20	6.64	8	8.89

a. These services were targeting domestic violence refuges
b. Services all reported that length of tenancy was based on duration and need
c. On-site units and in community housing where not divided into crisis and transitional as the majority of these service (all bar one) offered both crisis and transitional accommodation and reported having 3 month tenancy agreements signed that extended to 12 months with renewals.

Table 10. Demographic Characteristics of Participant for the Full Sample of Participants Recruited, and at Follow-up Time-points

	TOTAL (N = 301)		Follow-up (N = 90)	
Age in years (Mean, Standard Deviation)	39.63	10.35	40.00	9.53
	N	%	N	%
Gender				
None Stated	5	1.70	2	2.22
Male	200	66.40	61	67.78
Female	96	31.90	27	30.00
Ethnicity [a]				
None Stated	16	5.30	4	4.44
Caucasian	210	69.80	65	72.22
Asian	11	3.70	1	1.11
Aboriginal/ Torres Strait Islander	22	7.30	6	6.67
Other	42	14.00	14	15.56
Have Children				
Yes	171	56.80	46	51.11
No	124	41.20	41	45.56
Highest Education				
Primary	16	5.30	4	4.44
Junior High School (Year 9 or 10)	111	36.90	25	27.78
Senior High School (Year 11 or 12)	75	24.90	27	30.00
Vocational	65	21.60	22	24.44
University	18	6.00	3	3.33
Relationship Status				
Single	208	69.10	64	71.11
Non-cohabitation relationship	18	6.00	4	4.44
De Facto/Married	18	6.00	3	3.33
Separated/Divorced	45	15.00	16	17.78
Widowed	2	0.70	0	0.00
Main Income Source				
Full-time employment	10	3.30	4	4.44
Casual/Part-time employment	12	4.00	7	7.78
Welfare	250	83.10	70	77.78
Other	17	5.60	3	3.33

a. Ethnicity was coded from an open-ended response format

2.2 Housing Outcomes

Of the participants who were surveyed at follow-up, 79% had left the Salvation Army residence they were in at Time 1 (although a minority had returned to the service by Time 2), and 23% had resided in the same service from Time 1 to Time 2. Table 11 summarises where participants were residing at follow-up and Table 12 breaks this down further by accommodation type.

The majority of participants who exited the initial service exited into transitional (supported) accommodation, or social housing. Participants who were in crisis accommodation were most likely to exit into transitional accommodation, and participants in transitional accommodation were most likely to exit to social housing.

Table 11. Frequency and Percentages of Participants' Accommodation at Time 2

Accommodation	N	% of total sample	% of Time 2 Sample
Room in share house	5	1.66	5.56
Crisis or homeless accommodation	14	4.65	15.56
Transitional/ Medium-term supported accommodation [a]	25	8.31	27.78
Staying with friends/relatives (couch surfing)	8	2.66	8.89
Private Rental Property	7	2.33	7.78
Boarding house	8	2.66	8.89
Social housing/ Housing Commission	19	6.31	21.11
Hotel/Motel/ Back-backers	2	0.66	2.22
Other	2	0.66	2.22
Total	90	29.90	100.00
****Missing	211	70.10	

a. Transitional/medium-term housing refers to supported accommodation that is owned or managed by government or non-government organisations that has a restriction of stay (usually between the area of six months to three years).

Table 12. Participants' Accommodation at Time 2 by Service Type at Time 1

Accommodation	Single-room Crisis Services N	Single-room Crisis Services %	Single-room Transitional N	Single-room Transitional %	On site units N	On site units %	In community Units N	In community Units %
Did not leave service	11	20.00	7	31.82	1	20.00	1	14.29
Room in share house	3	5.45	1	4.55	1	20.00	0	0.00
Crisis or homeless accommodation	6	10.91	1	4.55	0	0.00	0	0.00
Transitional supported accommodation	10	18.18	3	13.64	1	20.00	0	0.00
Staying with friends/relatives	7	12.73	1	4.55	0	0.00	0	0.00
Private rental	5	9.09	2	9.09	0	0.00	0	0.00
Boarding house	4	7.27	2	9.09	0	0.00	0	0.00
Social housing/ Housing Commission	7	12.73	4	18.18	2	40.00	6	85.71
Hotel/Motel/ Backpackers	1	1.82	1	4.55	0	0.00	0	0.00
Other	2	3.64	0	0.00	0	0.00	0	0.00
Total	55		22		5		7	

Homelessness and Housing Stability

Measures of housing stability from Time 1 to Time 2 are summarised in Table 13. The average time spent in their current place of residence at Time 2 was 4 months, with a range from one week to 2 years. A number of participants had not left the service at Time 2 (23%) and a minority of those had been long-term residents (over 12 months) of the service (24%).

For participants who had moved out of the Salvation Army residence they were in at Time 1, 63% had moved directly to their residence at follow-up (although in some cases this may not include periods of homelessness or rough sleeping), 21% had moved twice, 5% had moved three times and 6% had moved four or more times within the 6 month follow-up period.

For participants who had left the Salvation Army service, we also asked if they had spent any time in a "homeless situation". As homeless was not defined in the questionnaire, the responses reflect participants' personal view of what constitutes homeless. Forty eight percent of participants who had left the service reported spending no time in a homeless situation, and 15% reported that they had been continuously homeless since leaving the service.

Table 13. Number of Residences Lived at and Time Spent Homeless from Time 1 to Time 2 (approximately in the past 6 months)

	N	%
Number of places resided in		
Did not leave service	20	23.26
1	43	50.00
2	13	15.12
3	3	3.49
4 or more	5	5.81
Unsure	2	2.33
Time spent in a homeless situation		
Did not leave service	20	23.26
None	32	37.21
< 1 month	3	3.49
1 – 2 months	7	8.14
3 – 4 months	8	9.30
5 or more months	14	16.28
Unsure/ Cannot answer	2	2.33

Perceptions of Current Housing Situation

Current definitions of homelessness in Australia are informed by an understanding of homelessness as 'home'lessness, not 'roof'lessness, emphasising the core elements of 'home' in Anglo-Western interpretations of the meaning of home as identified in research evidence[10]. These elements may include: a sense of security, stability, privacy, safety, and the ability to control living space. Homelessness is therefore a lack of one or more of the elements that represent 'home'.

In addition, current definitions stress that homelessness is not a choice, and thus people who are homeless also do not have social, psychological or physical means to an adequate alternative. We wished to explore these aspects of home further in regards to the living situation that participants were in at Time 2. We asked participants how much they agreed with statements reflecting security, stability, privacy, safety, and the ability to control living space, and if they felt they had alternatives to their current living situation. The percentage of participants who agreed with each of the statements is summarised in Table 14.

Table 14. Percentage of Participants who "Agree" with Statements for their Current Housing Situation by Housing Situation.

	Crisis /Homeless services N = 14	Temp accom* N = 10	Boarding House N = 8	Transitional accom N = 24	Social Housing N = 19	Renting N = 12
Satisfied with current living situation	41.67%	40.00%	57.14%	71.43%	77.78%	100.00%
Have a secure tenancy	41.67%	20.00%	71.43%	61.90%	100.00%	91.67%
Situation is stable	25.00%	40.00%	57.14%	57.14%	88.89%	91.67%
Have adequate facilities	75.00%	80.00%	71.43%	71.43%	83.33%	91.67%
Have access to own space for social reasons	41.67%	60.00%	85.71%	61.90%	88.89%	91.67%
Have privacy	50.00%	60.00%	57.14%	76.19%	77.78%	91.67%
Have other adequate accommodation alternative	8.33%	20.00%	42.86%	28.57%	22.22%	41.67%
If I wasn't living here, I would be homeless	83.33%	70.00%	57.14%	76.19%	72.22%	58.33%
Finding another place to live is number one priority	91.67%	70.00%	71.43%	80.95%	17.65%	41.67%

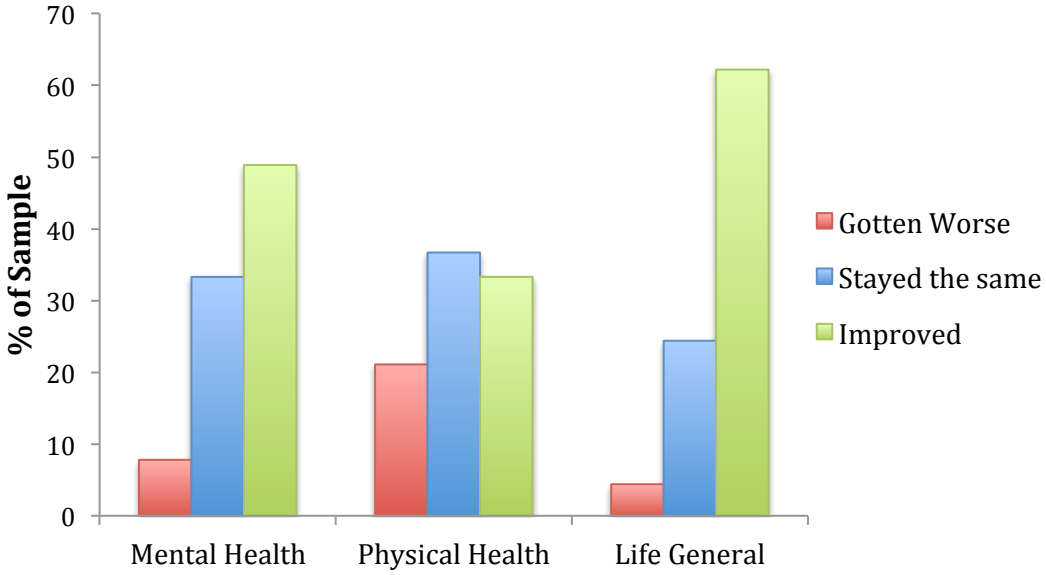
* Temporary accommodation combines the categories of people who are staying with friend and family temporarily, or staying at hotel, motel, or backpackers.

Participants who were renting in the private rental market agreed most with the elements that make up a home, followed by people in social housing. Participants staying in crisis accommodation and temporary accommodation were less satisfied, and were less likely to agree they had stability and security, compared to participants who were in social housing or renting. Participants staying in transitional accommodation (typically places with a tenancy agreement of 3 month leases that can be renewed up to 12 months – 36 months) or boarding houses reported similar levels of agreement to each other, and lower levels of agreement than people in social housing or renting, but more than crisis or homeless accommodation or temporary residences. The exception to this was the majority of participants believed that in their housing situation represented access to adequate facilities, with percentages being similar across the different accommodation situations.

However, regardless of current housing situations, the majority of participants felt that they did not have any other adequate accommodation alternatives to their current living situation, and that if they were not able to reside in their current accommodation, they would be homeless.

2.3 Other Psychological Outcomes

Figure 11. Perception of Change in Physical Health, Mental Health, and Life in General at Follow-up Compared to Previous Time-point



Examining health and well-being outcomes, 47% of the sample reported an improvement in their mental health from Time 1 to follow-up, 37% reported an improvement in physical health and 62% reported an improvement in their life in general. Improvements in health, well-being, and life in general **were not** associated with type of service or demographic variables. However, improvements **were** related to perceived availability to social support and group belonging while at the service.

Mental Health and Well-being at the Service and at Follow-up

Participants were surveyed on a range of mental health and well-being measures while at the service and at follow-up. They were asked to rate their perceptions of hitting rock bottom (e.g. *I have hit rock bottom*) and negative mood state (*Today I have been feeling depressed, Today I have been feeling anxious, Today I have been feeling stressed*), on a scale from 1 (*Strongly Disagree*) to 5 (*Strongly Agree)*. We also measured mental well-being, using the 14-item Warwick Edinburgh Mental Well-being Scale[10] (e.g. *I've been feeling optimistic about the future, I've been thinking clearly, I've been interested in new things)*, on a scale of 1 (*None of the time)* to 5 (*All of the time)*.

We examined the means for well-being measures by gender (male or female), accommodation type (single room with shared facilities, on-site unit/own facilities, and in community housing), and accommodation length model (crisis or transitional). The means for accommodation type are shown in the Figure 12. We also examined these measures over time, which is shown in Figure 13.

Figure 12. Sample Means of Well-being and Mood Scales By Service Type (with Higher Scores Indicating Higher levels of Mental Well-being, Feelings of Hitting Bottom and Negative Mood)

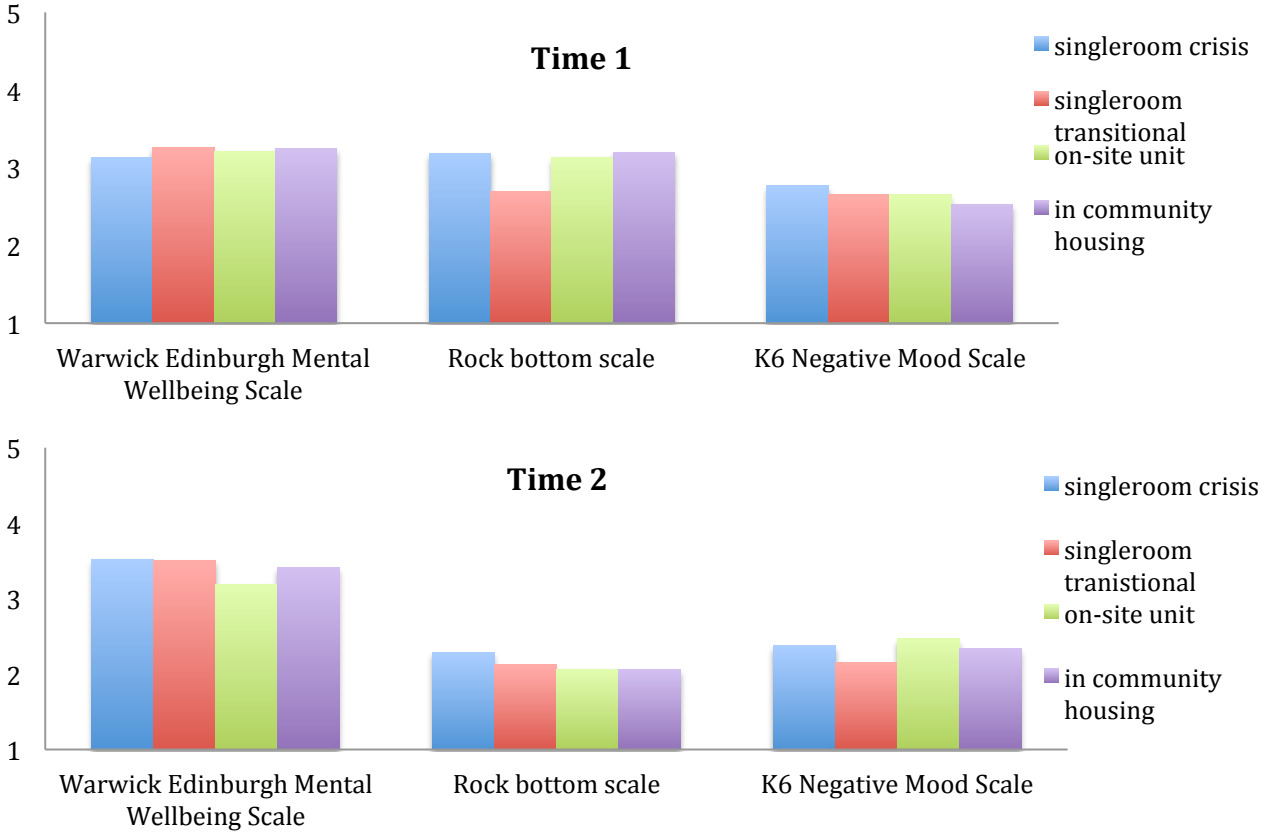
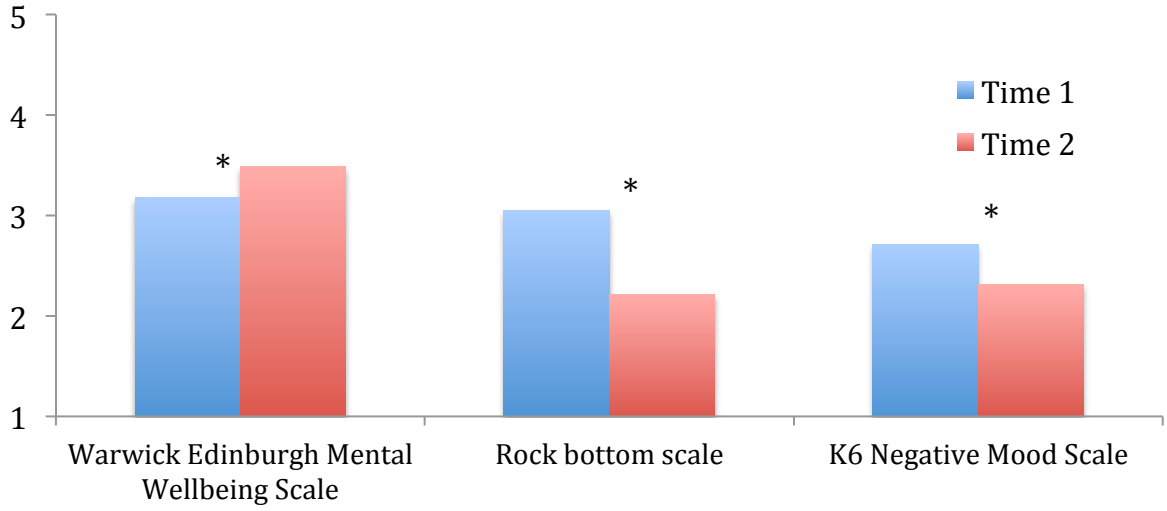


Figure 13. Sample Means of Well-being scales at Time 1 and Time 2 (with Higher Scores Indicating Higher levels of Mental Well-being, Feelings of Hitting Rock Bottom and Negative Mood)



Note: * indicates a significant difference between the two bars at $p < .05$

There were no significant differences in well-being by accommodation type, or length of tenancy while at the service or at follow-up. While at the service, better reported mental health and well-being was associated with higher identification with staff and residents, higher reported service use, more positively perceived case-worker relationship, and higher levels of group belonging and perceived support. The relationship between belongingness, social support, and well-being outcomes (addressing RQ 1 and 2) will be discussed in more detail in subsequent sections.

Participants showed improved outcomes on all measures of well-being at follow-up. Mental well-being increased, negative mood experienced over the past two weeks decreased, and perceptions of hitting rock bottom decreased.

Well-being at follow-up **was** predicted by:

- Feelings of belonging to multiple groups at the service
- Feeling connected while at the service
- Identification with and support received from residents while at the service.

Well-being at follow-up **was not** predicted by:

- Type of accommodation service at Time 1
- Service perceptions at Time 1
- Identification with and received support from staff while at service.

There **was** a significant gender difference on well-being. Females reported significantly better mental well-being at Time 1 compared to males. However, this gender difference was no longer apparent at Time 2, and males and females had equivalent levels of mental well-being at follow-up.

Self-esteem, Personal Strength and Resilience at Time 1 (in Service) and Time 2

In addition to mental health and well-being measures, we also examined Self-esteem, Personal Strength and Resilience. Participants completed a single-item self-esteem scale (e.g. *I have high self-esteem*), a Personal Strength Scale (e.g. "I know what my morals are"), and a Brief Resiliency Scale (e.g. *I tend to bounce back quickly after hard times*), which were all measured on a five-point scale from 1 (*Strongly Disagree)* to 5 (*Strongly Agree)*. The means by service type are shown in Figure 14. The changes in the variables from Time 1 to time 2 are shown in Figure 15.

There were no significant differences on these measures by accommodation type, or length of tenancy while at the service or at follow-up. We also found no relationship between these measures and demographic variables.

Higher personal identity strength and resilience were associated with higher identification with staff and residents, higher service use, more positive case-worker relationship, and higher levels of group belonging and support. Higher self-esteem was associated with better well-being. Self-esteem increased significantly from Time 1 to Time 2, but Personal Strength and Resilience remained stable.

Figure 14. Self-esteem, Personal Strength, and Resilience Scale by service

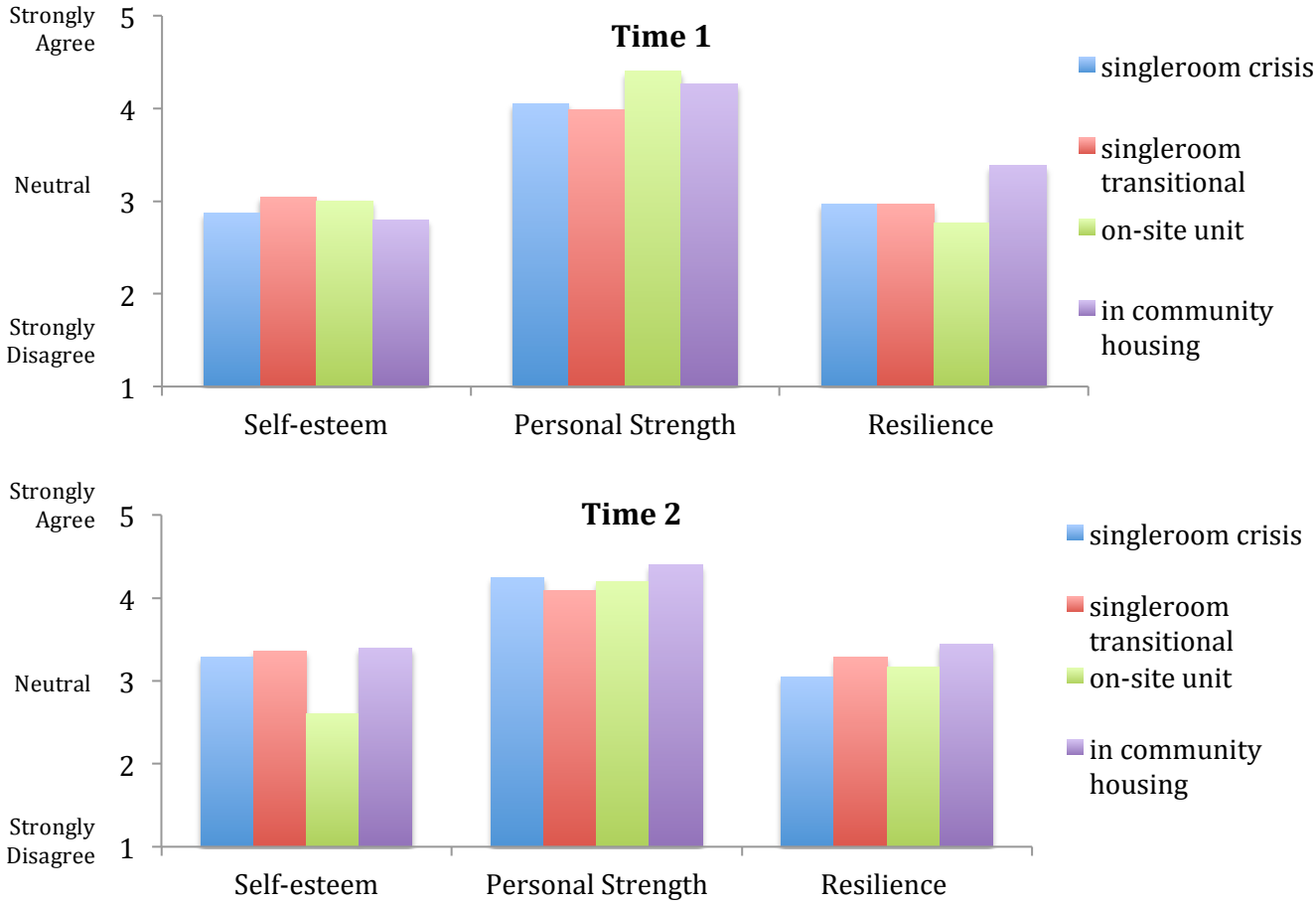
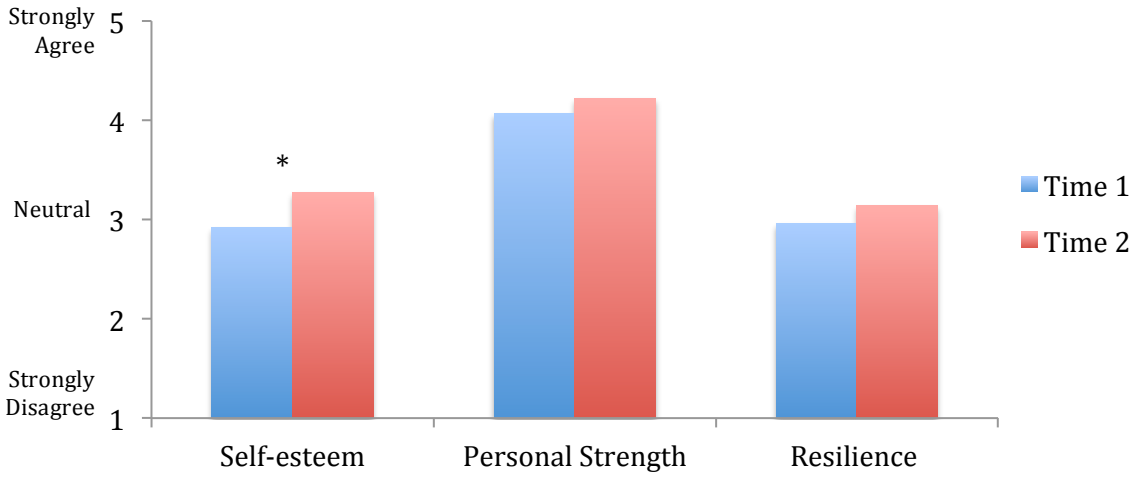


Figure 15. Self-esteem, Personal Strength, and Resilience Scale while at the service and at follow-up.



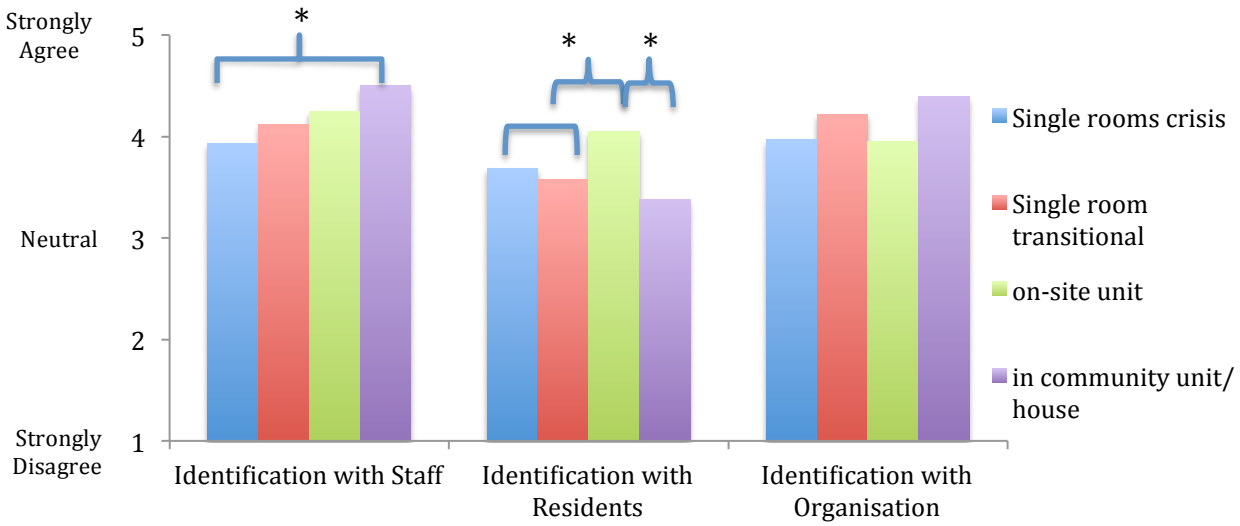
Note: * indicates a significant difference between the two bars at $p < .05$

2.4 Experiences at the Service

Identification with the Service

As in the first study, we examined identification with the service. To build on Study 1's findings, we asked participants to report how much they identified with staff, other residents, and the Salvation Army as an organisation. Items were recorded on a scale ranging from 1 *Strongly Disagree* to 5 *Strongly Agree*. We examined the means for identification by gender (male or female), accommodation type (single room with shared facilities, on-site unit/own facilities, and in community housing), and accommodation length model (crisis or transitional). It is worth noting that the means for all three forms of service identification (i.e. staff, residents, and organisation) were above the mid-point for all the comparisons we made, suggesting that, on average, residents did identify with the services they were residing in. The means for accommodation type are shown in the figure below.

Figure 16. Sample Means for Level of Identification with Staff, Residents, and the Salvation Army Organisation by Service Accommodation Type.



Note: * indicates a significant difference between the indicated bars at $p < .05$

Women on average reported higher identification with staff and residents compared to men. However, this may have been due to the service type they were residing in, as there were no significant difference between the genders once service length and accommodation were taken into account.

There was no difference between crisis and transitional residences, but participants who were residing in community units or houses reported higher identification with staff and lower identification with residents compared to the other forms of accommodation. Residents of on-site units reported higher identification with other residents, compared to participants who were residing in single rooms. All groups reported similar levels of identification with TSA as an organisation.

Identification with staff was associated with participants reporting joining new groups since coming to the residence, a feeling more supported by the service, feeling connected to a community, having a positive relationship with case-workers, higher well-being, higher personal identity, and lower perceived personal discrimination.

Identification with residents was also associated with joining new groups since coming to the service, a feeling of belonging to multiple groups, feeling more supported and connected, more positive relationships with case-workers, higher well-being, and higher personal strength. It was also associated with lower feelings of "hitting rock bottom", and higher self-esteem.

Identification with the organisation showed a similar pattern to the relationships observed for identification with staff and residents.

Service Perceptions and Utilisation

Participants rated the residence they were staying at on perceived opportunities (e.g. *People at this service are provided with plenty of opportunities to improve their life),* service use (e.g. *I make use of the services provided*), service satisfaction (e.g. *I am satisfied with the services provided, The services here do not really meet my needs*), and relationship with their case-worker (e.g. *My case-worker treats me with respect, I feel a bond with my case-worker*). As before, we examined the mean responses to these questions by gender, accommodation type, and tenancy length. There were only significant differences between the accommodation types, shown in Figure 17.

Figure 17. Sample Means of Perceived Opportunities, Service Use, Service Satisfaction, and Relationship with Case-worker by Service Type.

Note: * indicates a significant difference between the indicated bars at $p < .05$

Participants in services with on-site units and community houses (which typically had less than 20 residents) reported higher perceived opportunities available at the service, higher use of services, higher satisfaction with the service, and a stronger relationship with their case-worker compared to participants in the larger services with a single room.

Higher levels of service use and a better relationship with case-workers were associated with better well-being and life satisfaction, higher perceived support and connection, higher group belonging while at the service, and higher levels of support and connectedness, higher life satisfaction, and higher personal strength at follow-up.

2.5 Social Participation and Inclusion

To extend on the findings from Study 1 and further examine Research Question 2, we measured individuals' level of social connectedness by examining multiple group belonging (e.g. *I belong to many groups;* Multiple Group Membership scale), joining new groups (e.g. *Since coming to the residence I have joined many new groups;* New Group Membership scale), feeling the TSA service gives a sense of connectedness (e.g. *This TSA service helps me connect with others;* Feeling Connected scale), and group continuity (e.g. *Since coming to the residence, I still belong to the same groups I belonged to before coming here;* Group Continuity scale). All items were recorded on a scale with endpoints ranging from 1 *Strongly Disagree* to 5 *Strongly Agree*.

We examined the mean scores for identification by gender (male or female), accommodation type (single room with shared facilities, on-site unit/own facilities, and in community housing), and accommodation length model (crisis or transitional). There were no differences among any of these variables.

The means of participants by accommodation type are shown in Figure 18.

Figure 18. Mean Scores for Social Connectedness Measures at TSA and Follow-up by Service Type

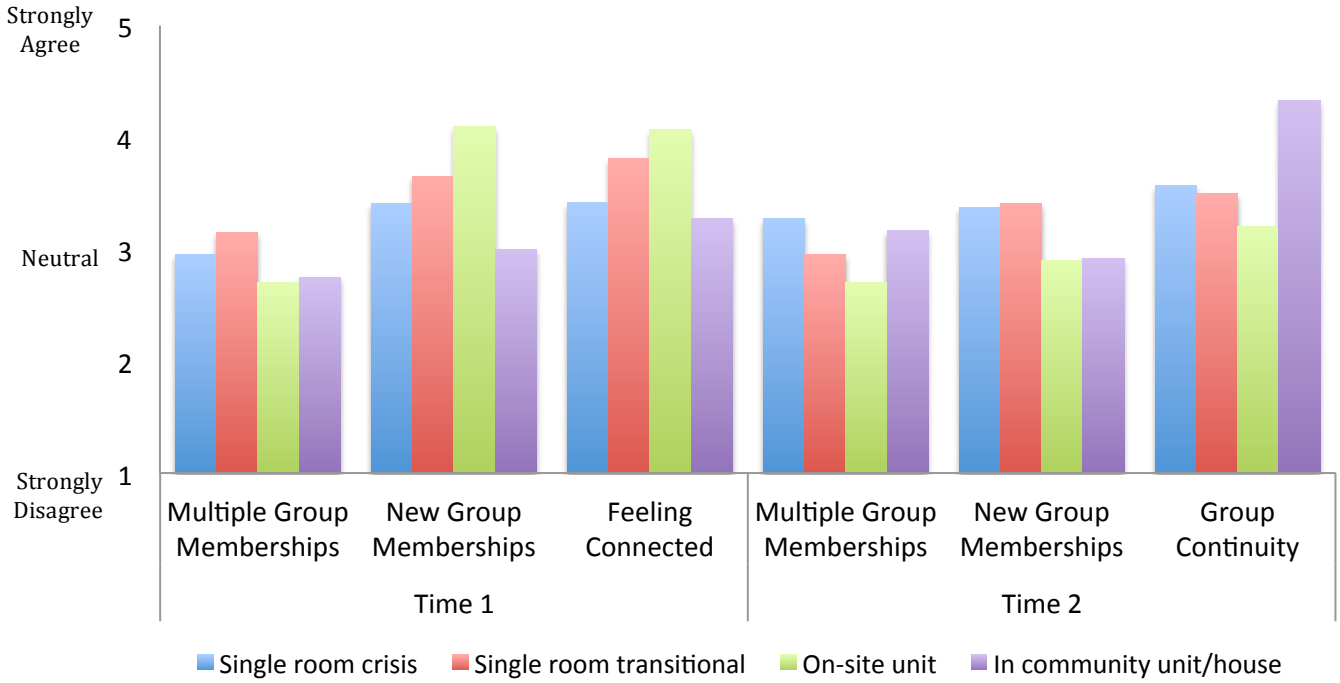
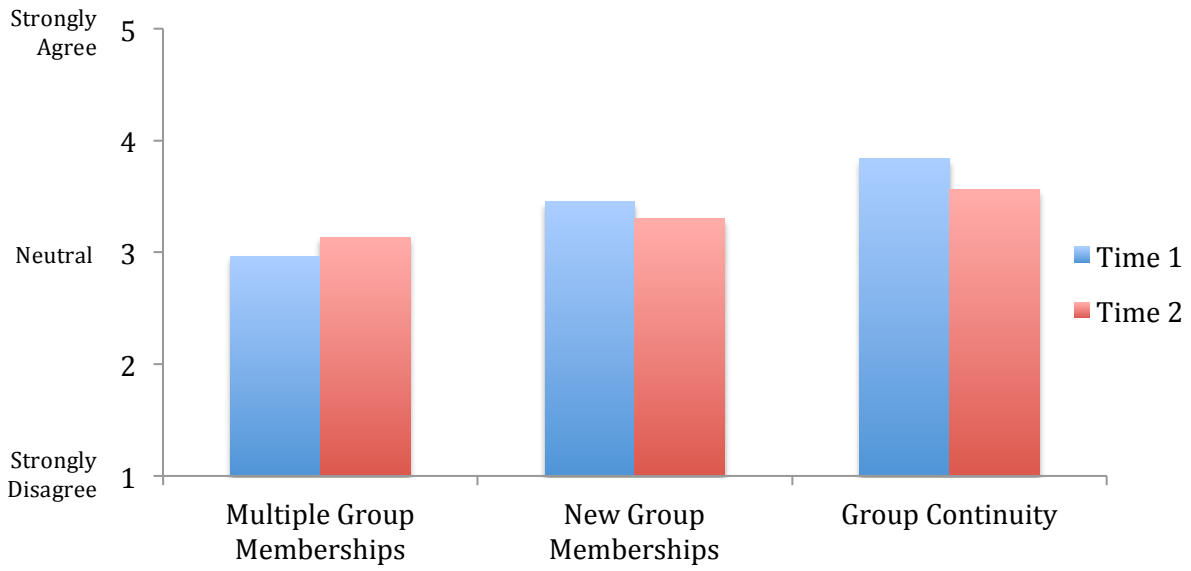


Figure 19. Mean Scores for Perceived Multiple Group Memberships, New Group Memberships, and Group Continuity at Time 1 and Time 2



Identification with residents significantly predicted social connectedness, with higher identification predicting higher levels of perceived belonging to multiple groups, joining new groups, and feeling connected at the service. Identification with the organisation also significantly predicted feeling connected while at the service. Having a more positive relationship with case-workers was significantly related to joining new groups. These measures were not related to demographic variables.

Social connectedness and joining new groups at the service was related to feeling more supported, higher well-being, higher levels of personal strength, and higher self-esteem. Additionally, social connectedness was related to lower levels of negative mood.

There were no overall changes in group connectedness measures over time. However, the extent to which people gained group memberships or joined new groups over time was significantly related to social support, well-being and mood outcomes.

2.6 Perceptions of Discrimination and Stigma of being a "homeless" person

Perceptions of Discrimination

To expand on the discrimination findings from Study 1 (RQ3), we examined participants' views of perceived discrimination and prejudice targeting them personally (e.g. *People have discriminated against me because of my housing situation*) and homeless people as a group (e.g. *Homeless people as a group face discrimination*). People perceived that discrimination against homeless people as a group was higher than personal experiences with discrimination (see Figure 20).

We also examined perceptions of both group-based and personal-based discrimination by accommodation service type (by comparing male vs. female services, crisis vs. transitional, single rooms vs. on-site units vs. in community houses). There were no significant differences on either type of discrimination for gender, crisis versus transitional, or accommodation type. Perceptions of discrimination were also not related to demographic variables.

Figure 20. Sample Mean Scores for Group-based and Personal-based Perceived Discrimination by Service Type

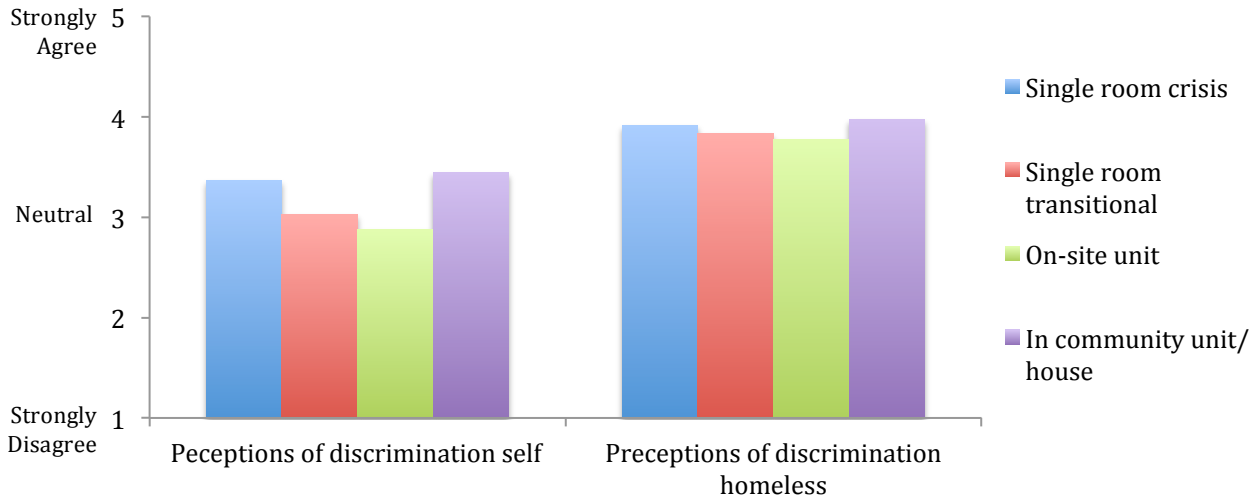
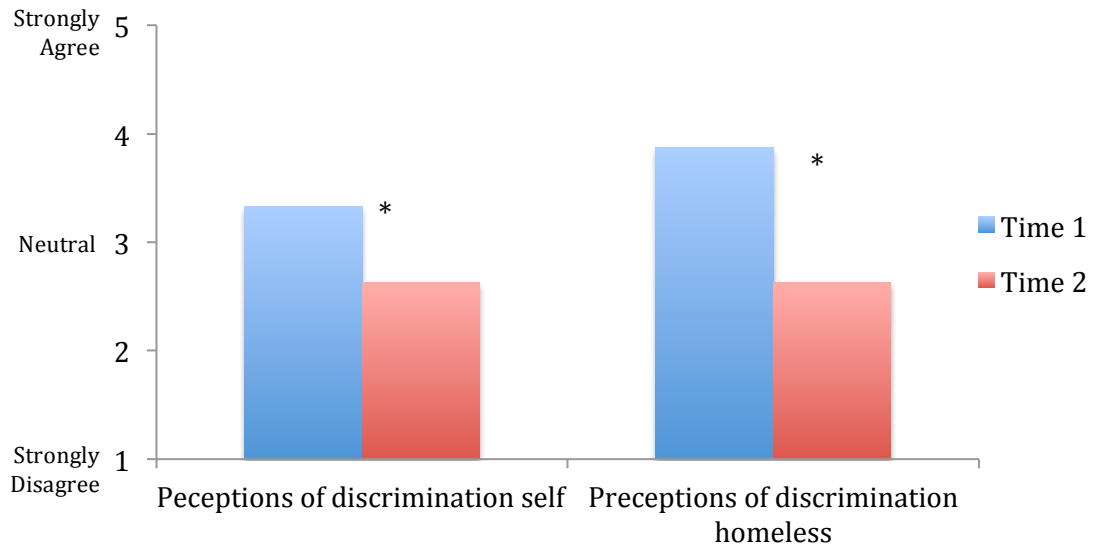


Figure 21. Sample Mean Scores for Group-based and Personal-based Perceived Discrimination at Time 1 and Time 2



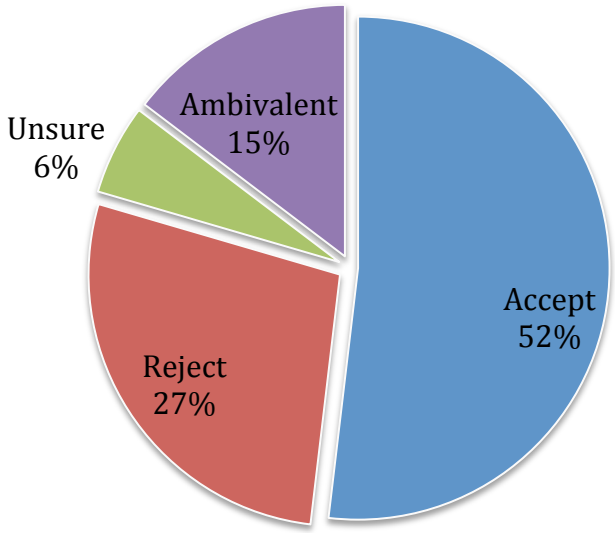
Note: * indicates a significant difference between the two bars at $p < .05$

Figure 21 shows mean personal and group-based discrimination over time. Unlike the Study 1 findings, perceived discrimination decreased from Time 1 to Time 2 for both personal perceived discrimination and perceived group discrimination.

Self-categorisation as Homeless

As in Study 1, we examined participants' self-categorisation as homeless. Participants were asked *Do you see currently yourself as homeless?*, with possible responses being *Yes, No, Unsure,* and *Other*. Participants were also able to respond in an open-ended response format. Answers were coded as "Accepting the homeless label", "Rejecting the label", "Unsure", or "Ambivalent", see Figure 22.

Figure 22. Participants' Self-Categorisation as Homeless by Percentage



The percentages of the self-categorisation categories were similar to what we found in Study 1, with 52% of the participants accepting the homeless label and 27% rejecting the homeless label (compared with 55% and 31%, respectively, in the first study). Participants were more likely to see themselves as homeless if they were staying in crisis accommodation compared to transitional accommodation. Participants were also more likely to reject the homeless label if they were staying in units or houses in the community, compared to single rooms.

Participants who rejected the label reported higher well-being, lower negative mood, and higher self-reported resilience compared to participants who accepted the label. People who rejected the homeless label reported having a better relationship with their case-worker and identified more with the staff at the service.

Self-categorisation as homeless was unrelated to demographic variables, and did not affect perceptions of the service, or use of services.

3. Study 3: Frontline Workers

3.1 Sample Description

The third study examined the experiences and perceptions of frontline service providers. This study drew on in-depth interviews with frontline employees from South-East Queensland TSA services (N = 26), and surveys with frontline employees from TSA services across Australia (N = 60).

Role descriptions described by the participants ranged from case managers/workers, support workers, centre managers, centre co-ordinators, outreach case manager and workers, youth workers, intake and administration workers.

All participants indicated they had direct contact with clients as part of their daily duties. The majority of participants were female (70%) and the mean age was approximately 40 years. Sixty percent of the sample had 5 years or less experience working in the homelessness sector, which is consistent with previously reported rates of experience for the Australian homelessness sector[11]. Participants had, on average, worked at their current workplace for 4 years. Table 15 summarises the demographic and work characteristics of participants.

Table 15. Demographic and Work Characteristics of the Participants

	TOTAL (N = 60)		
	Mean (SD)	N	%
Gender			
Female		42	70.00
Male		18	30.00
Age	39.85 (13.28)		
23 – 25		5	8.62
26 – 35		20	34.48
36 – 45		13	22.41
46 – 55		14	24.14
56 – 65		6	10.34
Contact with Clients as % of Total Workload	62.08 (19.79)		
Up to 25% of Workload		5	8.33
Up to 50% of Workload		27	45.00
Up to 75% of Workload		22	36.67
From 75% to 100% of Workload		6	10.00
Average Client Caseload/week	10.06 (12.06)		
0		13	22.41
3 to 5		6	10.34
6 to 10		17	29.31
11 to 15		13	22.41
16 to 20		4	6.90
> 20		5	8.62
Length in homeless sector	5.95 (6.44)		
0 - 6 months		7	11.67
7 months - 1 year		6	10.00
1.1 - 2 years		7	11.67
2.1 - 3 years		8	13.33
3.1 - 5 years		10	16.67
5.1 - 8 years		8	13.33
8.1 - 12 years		6	10.00
15 - 20 years		6	10.00
21 - 28 years		2	3.33
Length at TSA Centre	4.30 (4.99)		
0 - 6 months		9	15.00
7 months - 1 year		8	13.33
1.1 - 2 years		8	13.33
2.1 - 3 years		8	13.33
3.1 - 5 years		10	16.67
5.1 - 8 years		9	15.00
8.1 - 12 years		4	6.67
15 - 20 years		2	3.33
21 - 28 years		2	3.33

3.2 Rates of Workplace Burnout and Job Satisfaction

A first goal of the Frontline workers' study was to examine the levels of burnout and job satisfaction among participants (RQ1). Burnout generally comprises three principle areas of symptoms, which we measured: exhaustion (*I feel I am working too hard at work*, *I feel energetic at work* [reversed], *I feel exhausted at work*), lack of accomplishment (*At work I feel I am failing to achieve my goals*, *At work I feel frustrated, At work I feel I am accomplishing many worthwhile things* [reversed]), and callousness (*At work I am concerned about the welfare of others* [reversed]), *At work I don't really care what happens to people any more*, *At work I feel I am becoming callous toward other people*). Items were measured on a 7-point scale (from 1 *Do not agree at all* to 7 *Agree completely*), with higher scores indicating higher levels of burnout.

We measured job satisfaction with three items (*All in all I am satisfied with my job*, *In general I don't like my job* [reversed], *In general I like working here)*, on the same rating scale as above. Higher scores indicate higher job satisfaction.

Figure 23 summarises percentage of workers' level of experience of each facet of burnout, and Figure 24 shows overall level of burnout and job satisfaction.

Figure 23. Percentage of Participants Scoring Low, Below Neutral, Neutral, Above Neutral, and High on Experience of Symptoms of Burnout.

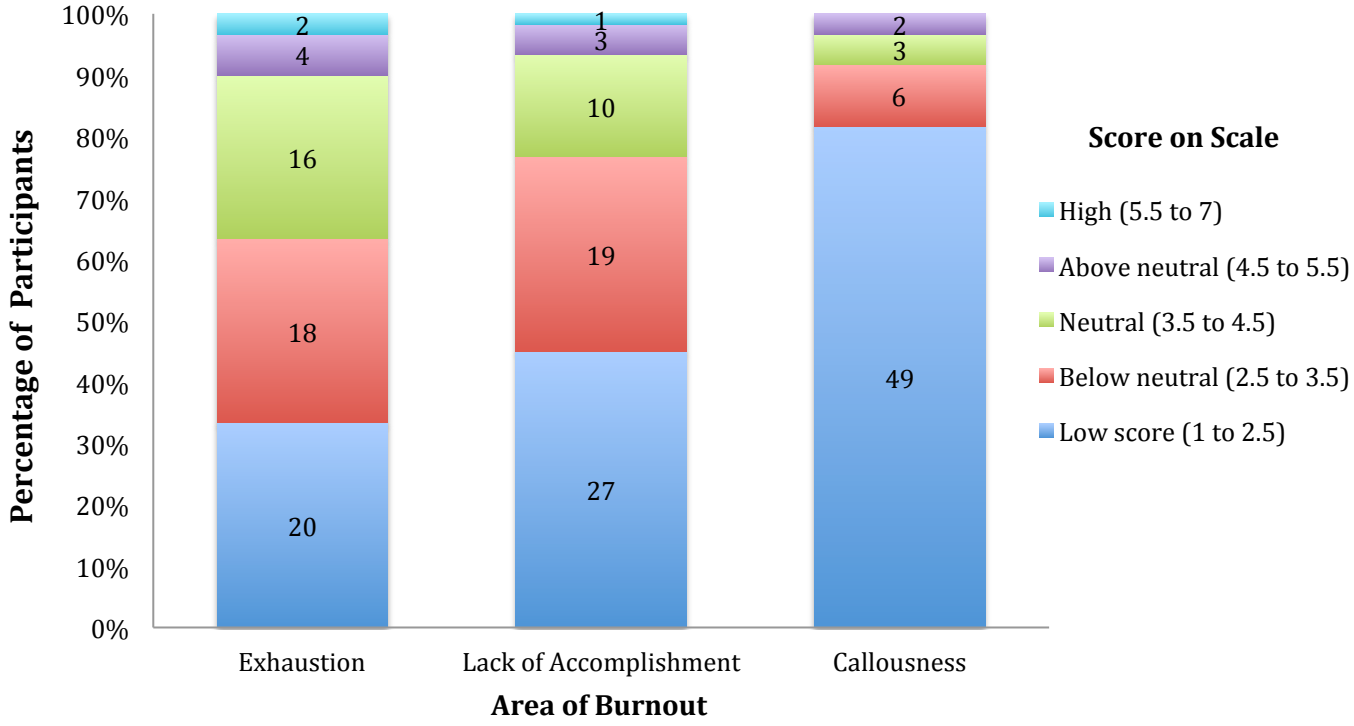
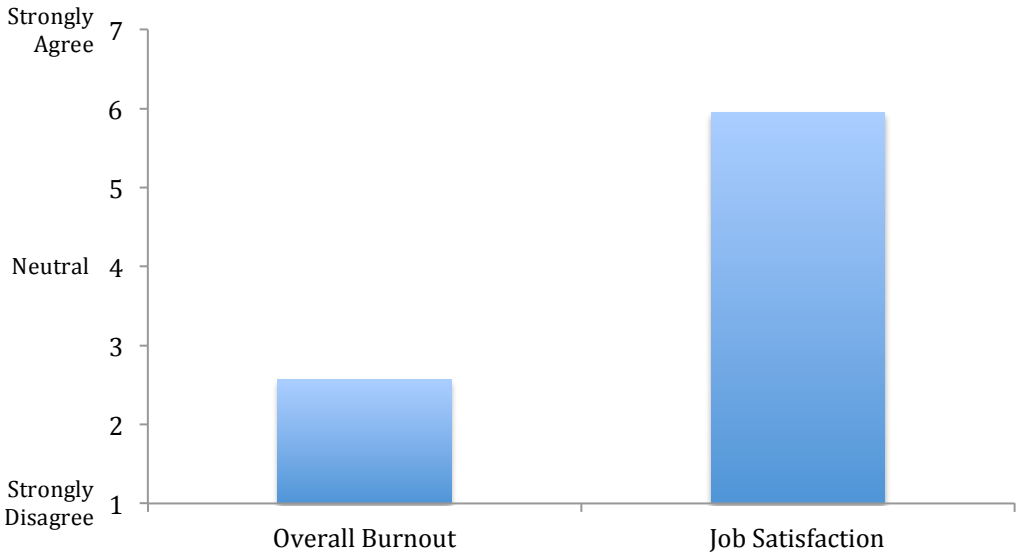


Figure 24. Mean Levels of Overall Burnout and Job Satisfaction, with Higher Scores Indicating Higher Levels of Burnout and Job Satisfaction.



Burnout and job satisfaction **were not** predicted by length of time at the centre or in the homelessness sector, age, gender, contact with clients, or number of clients case-load per week. However, it should be noted that we did not measure if participants were full-time or part-time workers, and thus case-load my not be a good indicator of workloads.

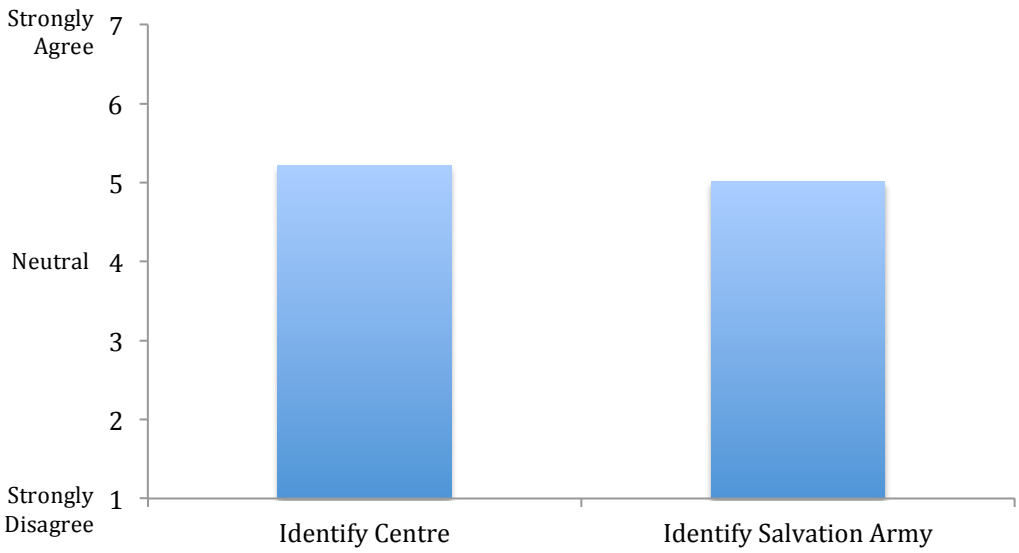
Burnout and job satisfaction were predicted by perceived support and identification with TSA service, which is described in more detail in the next section.

3.3 Support and Identification at TSA Centre Workplace

Workplace Identification

RQ2 of the Frontline workers study examined whether identification with the Salvation Army protected burnout and job satisfaction among Frontline Workers. We measured workplace identification at the level of the centre (*I identify with this centre*) and The Salvation Army (*I identify with the Salvation Army*). Mean levels of identification are shown in Figure 25.

Figure 25. Mean Levels of Identification with the Workplace Centre and The Salvation Army Organisation (Higher Scores Indicate Higher Levels of Identification)

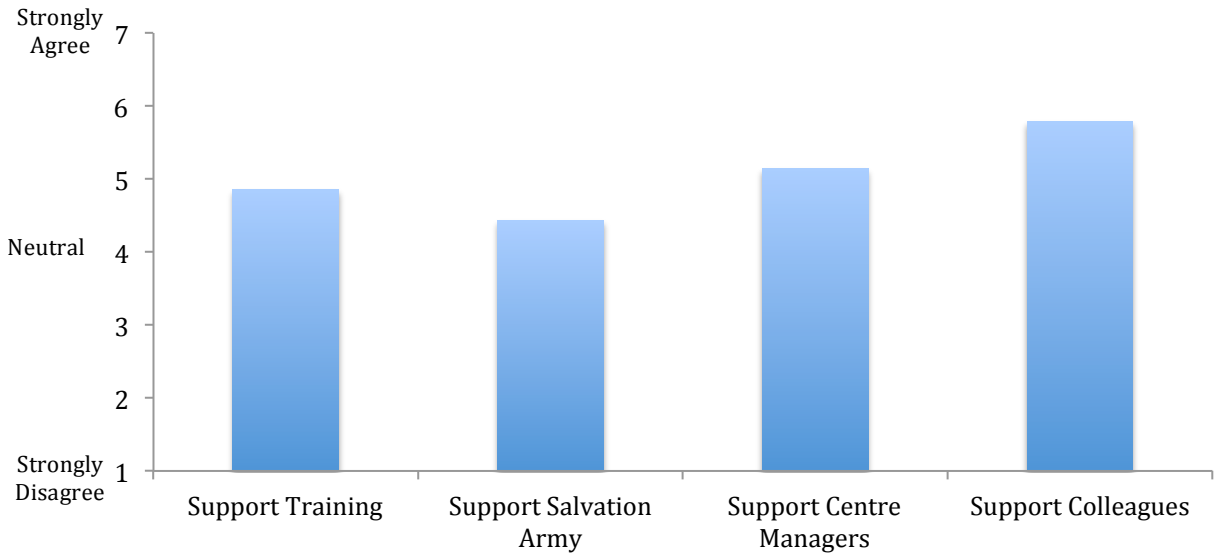


Identification with the centre and the TSA significantly predicted **lower** levels of burnout, and **higher** levels of job satisfaction. Identification was not related to length of time worked at the centre or in the homelessness sector, age, gender, contact with clients, or case-load.

Support

We also measured how supported participants felt in their role, in training (*I feel that my organisation provides the necessary resources and training for me to be able to do my job properly*), by The Salvation Army (*I feel supported by the Salvation Army*), by centre management (*I feel supported by centre management here*), and by colleagues (*I feel supported by my colleagues here)*. These variables were each measured with items on a 7-point scale (from *Do not agree at all* to *Agree completely*), see Figure 26.

Figure 26. Mean Levels of Perceived Support from Training, The Salvation Army, Centre Management, and Colleagues (Higher Scores Indicate Higher Levels of Support)



Identification with the centre was related to feeling supported in all the measured domains. In particular, feeling the organisation provided necessary training and feeling supported by centre management were the strongest predictors of identification with the centre.

All the different types of support predicted higher levels of job satisfaction and lower levels of overall burnout. When examining the subtypes of burnout, feeling the organisation provided necessary training and feeling supported by centre management were the only predictors of lower levels of exhaustion.

3.4 Coping Strategies and Motivations in the Workplace

We also aimed to map out employees' coping strategies and motivations within the workplace (RQ 3). To examine these aspects, we qualitatively examined the in-depth interviews conducted with 26 workers, as well as open ended questions in the survey completed by all participants.

Worker Motivations

Six interrelated themes were identified from the in-depth interview data on reasons for entering the industry and motivations to work in their current workplace.

Motivation	Description	N (%) Mentioned
Altruism/ intrinsic motivation	Entered the sector because of concern for the welfare of homeless individuals, and an interest in mental health, helping people, and working with certain disadvantaged populations	17 65.38%
Work experience and career progression	The homelessness sector provided employment where they could practice what they had previously studied and that such experience would help progress their careers	6 23.08%
Providing hope through personal experience	Entered the sector and/or were motivated to work in their current workplace due to personal or family experiences with homelessness, mental health or hardship	4 15.38%
Wanting something 'more' from one's occupation	Were in the sector because they were looking for something more than just enjoyment in their work and expressed a desire to do something worthwhile or with a greater purpose, both personally and for the wider community.	5 19.23%
Work that aligns with personal values	Made value-based decisions to work in the homelessness sector and that their employment through the Salvation Army aligned consistently with these values.	7 26.29%
Workplace factors	Motivated to remain in workplace due to Workplace Autonomy or Relatedness/ organisation support or the workplace	14 53.85%

Coping Strategies

We also qualitatively examined two ways workers may deal with workplace demands: through workplace identification, and by creating emotional distance from clients. Based on the qualitative interviews, two themes emerged. The first broad theme related to the way workers' perceptions of clients' distress and suffering can galvanize a sense of identification. In turn, this can be a protective factor for burnout and stress. The second theme of protective strategies related to empathy, understanding, or authentic connection with clients (within boundaries).

Coping Strategies		Description
Theme 1		**Clients' distress and suffering can galvanize a sense of identification**
	Suffering is why we are here	Acknowledging suffering was seen as an important step toward alleviating that suffering and that motivated them to keep going in their role. Specifically taking action was a way to cope with the emotional after-effects of exposure to suffering and horror.
	Hard work is meaningful work	Workers reported deriving a fundamental sense of meaning and purpose from their role, despite – or even because of – its challenging nature.
	We are in this together	Needing to have a shared sense of solidarity in terms of their motivations and in facing workplace difficulties together, and that this helped them to function in the workplace.
Theme 2		**Bounded Empathy, understanding and authentic connection**
	Being strong and staying intact	The need for balance in dealing with clients – connecting with individuals in a way that fosters trust, rapport and an authentic alliance, but that also allows the worker to stay in control, to regulate their emotions, and remain resilient despite the challenging and sometimes upsetting material being shared.
	Separating work concerns and personal life	Workers emphasised the need for clear lines between work and home life.
	Accepting the limits of what can be done	Reconciling a strong motivation to help clients versus the realities of what could be achieved. The desire to help their clients to over-come hardships was tempered with the clear pragmatic recognition that small, incremental change might be all that can be achieved. Accepting the boundaries of one's own personal sphere of influence, for instance by deferring to a higher power or religion.

Summary of Key Findings in Relation to the Research Questions

Transitions through Homeless Accommodation Services

Across two studies, we examined the factors that contribute to the development of well-being, resilience, and housing outcomes among people who were transitioning through Salvation Army homeless accommodation services. The findings of the research project in the context of the original research questions are presented below.

RQ1: Understanding the trajectory of homeless people and the process of building social connectedness

In terms of housing trajectories, we found that the most common form of residence participants exited the service to at follow-up time-points were transitional supported accommodation and social housing. In the South-East QLD study, 47% of the participants were considered homeless at Time 2, and 36% were homeless at Time 3. The majority of people who were housed at Time 2 remained housed at Time 3 (89%). However the majority of people who were homeless at Time 2 were homeless still at Time 3 (59%). Participants who were not homeless at follow-up were more likely to report improvements in their life in general and mental health compared to participants who remained homeless.

When examining social connectedness and building social connectedness, we found evidence that the more people connected with the service and perceived opportunities at the service, the better their subsequent social integration and inclusion. Additionally, change in social support predicted housing outcomes – if participants reported an increase in social support over time, they were less likely to be homeless at follow-up, whereas a decrease in social support over time was associated with a higher likelihood of being homeless at subsequent time-points.

RQ2: Understanding the extent to which people are able to effectively draw social support in TSA services

Overall, we found evidence that if participants were able to identify and feel a sense of belonging with the service, this was related to perceiving opportunities and drawing effective social support, which, in turn, was related to beneficial outcomes. Specifically, higher service identification and perceived opportunities while participants were at the service, predicted higher reported well-being, higher levels of perceived social support, higher levels of social connectedness, and lower levels of self-rated social isolation at follow-up.

When examining service type, participants who were residing in community units or houses reported higher identification with staff and lower identification with residents compared to the other forms of accommodation. Residents of on-site units had higher identification with other residents, compared to participants who were residing in single rooms. Identification with residents significantly predicted social connectedness, joining new groups, and feeling socially connected at the service. Identification with the organisation also significantly predicted feeling connected.

Qualitatively, having positive experiences with the service positive experiences with the service was related to perceiving more opportunities at the service and gains in group memberships. Conversely, having negative experiences were related to perceiving less opportunities and lower identification with the service, fewer group memberships, lower well-being at follow-up. In particular, it was negative experiences with case-workers that were driving these effects. Quantitatively, perceiving a better case-worker relationship was associated with higher group belonging while at the service, and higher levels of support and connectedness, well-being, and life satisfaction at follow-up.

RQ3: Understanding the extent to which perceptions of discrimination and stigma are barriers to benefiting from positive effects of social connectedness

There was evidence to suggest that discrimination and stigma were barriers to forming social connections and higher perceptions of discrimination negatively affected well-being. Higher reported levels of perceived discrimination for homeless people as a group predicted lower social connectedness at subsequent time-points, suggesting group-based discrimination was a barrier to gaining group memberships. Perceived personal discrimination was unrelated to social connectedness in the first study, but did predict higher levels of social isolation and lower levels of group belonging, social support and well-being in the second study.

In terms of stigma, participants who saw themselves as a "homeless person" reported lower well-being, higher negative mood, and less resilience, compared to participants who rejected the homeless label. Self-categorisation as homeless while at the service also predicted social isolation and social support after leaving the service, with people who accepted the homeless label reporting higher levels of social isolation and discrimination, and lower levels of social support, compared to people who rejected the label. Additionally, we found that participants who rejected the homeless label reported having a better relationship with their case-worker and they identified more strongly with the staff at the service, compared to participants who accepted the label.

RQ4: the extent to which there are barriers to benefiting from social connectedness among those who experience mental illness and addiction.

There were no significant findings on the effect of high levels of drug and alcohol use. However, there was a low response rate of those questions in the survey.

In terms of individual level characteristics, difficulties in emotion regulation were higher for both male and female participants compared to previously reported norms for the general population. Higher emotion regulation difficulties predicted lower well-being, higher rates of negative mood and social isolation, and less reported social support. However, we found evidence that emotion regulation difficulties were not a stable trait, and having higher levels of social support at the service predicted lower levels of difficulties in emotion regulation at subsequent time-points.

Frontline Workers' Perspective of Homeless Services

RQ1: Levels of workplace support, burnout, and job satisfaction

Burnout was examined by examining experience of three areas of symptoms; exhaustion, lack of accomplishment, and callousness. Overall, the majority (77%) of participants reported low levels of burnout (below the mid-point of the scale). Relatedly, participants on average reported high levels of job satisfaction. Burnout was highest for exhaustion symptoms. In addition to job satisfaction and burnout, we also examined workplace support in different domains. On average, participants reported deriving the most support from colleagues, followed by Centre Managers. Overall support predicted higher levels of job satisfaction and lower levels of overall burnout.

RQ2: Whether identification with the Salvation Army protected burnout and job satisfaction among Frontline Workers

We did find support for the prediction that identification would be a protective factor for burnout and job satisfaction. Specifically, identification with the centre and the TSA as an organisation significantly predicted lower levels of burnout, and higher levels of job satisfaction. Identification was not related to length of time worked at the centre or in the homelessness sector, age, gender, contact with clients, or caseload.

Identification with the centre was related to feeling supported in all the measured domains. In particular, feeling the organisation provided necessary training and feeling supported by centre management were the strongest predictors of identification.

RQ 3: Coping strategies and motivations to deal with work place stressors

To examine coping strategies and motivations within the workplace we used qualitative data from in-depth interviews and open-ended questionnaires. A main motivation for working and staying in the sector (mentioned by 65% of the sample) was a concern for the welfare of homeless individuals, and an interest in mental health, helping people, and working with certain disadvantaged populations. Relatedly, workers reported deriving a fundamental sense of meaning and purpose from their role, despite – or even because of – its challenging nature, and this was a protective factor. Similarly, a theme also emerged around acknowledging suffering as an important step toward alleviating that suffering. Specifically taking action was a way to cope with the emotional after-effects of exposure to suffering.

The second main motivation participants' reported for remaining in the sector was positive workplace factors, such as workplace autonomy, relatedness, or organisational support. Having a sense of shared solidarity in terms of their motivations and in facing workplace difficulties together was also an important coping strategy that was stated.

Another important coping strategy mentioned was the need for empathy, understanding, or authentic connection with clients, with the qualification that boundaries or limits were required as a protective factor. In particular, participants mentioned the need for balance in dealing with clients and separating work and concerns for personal life.

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Outputs from the Project

Dissemination

The findings of this evaluation project have been disseminated to staff from TSA services in South-East Queensland and the Australian Eastern Territory headquarters, during a UQ-TSA research workshop in November 2014.

The findings have also been presented at a number of national and international academic conferences and universities, including an invited seminar at the University of Leiden, The Netherlands (2012), invited seminar at the University of Trento, Italy (2013), the Society of Australasian Social Psychologist Annual Conference (2013, 2014, & 2015), the International Homelessness Research Conference in Philadelphia (2013), the European Association of Social Psychology meeting in Amsterdam (2014), invited seminar at ISCTE-IUL, Lisbon, Portugal. May 2014, invited seminar at James Cook University in Townsville (2014), invited seminar at the Canadian Institute for Advanced Research (CIFAR), Ottawa, Canada, (2014), International Conference on Social Identity and Health (ICSIH), Ottawa, Canada (2014), and the Society for Personality and Social Psychology Annual Meeting, California, USA (2015).

Research Training

Five research students have conducted their theses as part of the project:

- Margaret Hughes (Doctorate in Clinical Psychology, 2012)
- Glynn Chambers (Masters in Clinical Psychology, 2012)
- Laura Ferris (Honours in Psychology, 2014)
- Elise Girdham (Honours in Psychology, 2014)
- Zoe Walter (PhD in Psychology, expected completion 2015)

Clinical Training

One clinical psychology intern completed conducted interviews as part of a practicum placement under the supervision of Dr. Dingle.

Publications

The following papers have been published or submitted for publication:

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