PREDICTING HOMELESS PEOPLE'S USE OF OUTREACH SERVICE PROGRAMMES: ADDITIONAL AVENUES AND METHODOLOGICAL ISSUES EXPLORED

By

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Abstract

This thesis explores current assumptions surrounding why homeless people use outreach service programmes from a social psychological perspective. Specifically, within this, 2 main aims are tested: 1) The validity of the theory of planned behaviour (TPB; Ajzen 1988, 1991) and suggested additional avenues to this, in predicting homeless people's use of outreach service programmes, and 2) To tackle methodological issues arising from prior social psychological research in this domain. There are 4 studies in this thesis. Study 1 (Chapter 4) addresses the issue of fine tuning research methods and applications that would be used later in this programme of research, and tests the relevance of social psychological theory to homeless people's service use. The findings show interesting associations between perceived behavioural control (PBC)/ efficacy and homelessness issues. Study 2 (Chapter 5) examines the utility of single item questions of the direct measure of the TPB, as well as single items of additional avenues such as social identity/self-categorisation perspectives (SIT/SCT; Tajfel & Turner, 1979), self-esteem and affective functioning. PBC emerged as the only predictor of intentions to use services. Study 3 (Chapter 6) has two aims. First, to test a multi-domain measure based on the TPB, SIT/SCT framework, and second, to examine the predictive contribution of social cognitive influences and socio-demographic variables to intentions to use service programmes. The multi-domain measure did not show utility, yet attitude, 'coping' thinking style and ethnicity predicted intentions to use services. Lastly, the main aim of Study 4 (Chapter 7) was to test the utility of an efficacy based intervention on the empowerment of homeless people. The intervention showed to increase perceptions of control and decrease negative affect. I conclude that (a) the utility of the TPB framework can be strengthened with additional avenues, and (b) a PBC/efficacy intervention can empower homeless people into securing more permanent accommodation.

To my mum and dad,

Phillerine & Paul Vassell

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Chapter 1

Overview

1.0 Introduction

During the past two decades, housing policy in Britain has focussed on providing a range of services to reduce the number of homeless people (Anderson, 2003; Anderson & Christian, 2003, Fitzpatrick, 2000; Fitzpatrick, Kemp & Klinker, 2000; Pleace & Quilgars, 2003; Randall & Brown, 1993, 1996, 2002a, 2002b). While much debate has focused on tailoring these interventions, with the aim of designing more effective programmes, there have been some notable weaknesses in the arguments. The most important of these being the absence of systematic analysis placed on understanding why homeless people take part in services, in particular their use of outreach and emergency housing service programmes.

The overall aim of this thesis, is to explore current assumptions surrounding *why* homeless people use outreach service programmes, from a social psychological perspective. The use of this perspective we argue offers a robust framework for analyzing patterns of service use. This approach, while new within the remit of European homelessness research (cf. Christian & Armitage, 2002, Christian & Abrams, 2003), is well developed in other applied areas of study, including applications presented in the American homelessness literature (Shinn & Weitzman, 1990), and, it draws on a well established body of literature within the fields of social and health psychology (Ajzen, 1988, 1991; Tajfel, 1982, Turner, 1985). Specifically, 2 main aims will be tested:

1. The validity of the theory of planned behaviour (TPB; Ajzen, 1988, 1991) and suggested additional avenues to this, in predicting homeless people's use of outreach service programmes.

2. Tackling methodological issues arising from prior social psychological research in this domain.

I will now outline the structure of this thesis which consists of eight chapters. Subsequent to this overview chapter (Chapter 1), are two literature review chapters (Chapters 2 and 3), followed by four empirical chapters (Chapters 4, 5, 6 and 7), then, a general discussion (Chapter 8). The specific aims of each chapter and the samples used in each study are detailed in the sections below.

2.0 Overview of the Thesis

2.1 Homelessness and Social/Health Psychology Literature Review

In Chapter 2, I present a review of the homelessness and service provision literatures. The aim here is to introduce the urban setting (i.e., homeless service provision) that forms the context of the research presented in this thesis. To this end, this literature review has been organised around three core questions, 'Who are the homeless (providing definitions, and rates of prevalence)?', 'Why are they homeless (examining reasons, causes, pathways of homelessness)?', and 'What is being done to aid the homeless, both in terms of policy and practice interventions?'

In Chapter 3, I present a review of the social psychological and health literatures relevant to exploring why homeless people use outreach service programmes. There are two specific aims here. Firstly, I aim to provide an overview of the theoretical model used to

frame the empirical investigations presented in this thesis. That is, the TPB and suggested additional avenues of social identification/self-categorisation, self-esteem, affect, past behaviour, and homeless people's socio-demographic characteristics. Each of these additional avenues are discussed at length in Chapter 3. Secondly, I aim to present some of the methodological issues that have arisen from prior social psychological studies within this domain. The issues I present concern the use of multi-item measures to assess theoretical constructs, the use of 'global' measures of service use behaviour, and a lack of intervention design and implementation from prior social psychological studies. Each of these methodological issues are discussed further in Chapter 3. However, I will now explain the rationales for social psychological investigation into homeless service provision.

Briefly, studies on the causes of homelessness, service use, or service provision generally present findings in un-differentiated lists, meaning there is often only limited analysis of the reasons for service use, and there is no statistical analysis that might show the relative weight placed on characteristics of services by homeless people (Fitzpatrick & Christian, 2006). This maybe partly due to the emphasis placed on 'structural causes' of homelessness pervasive in the British housing literature (Anderson, 2007; Anderson & Christian, 2003; Fitzpatrick et al. 2000; Pleace & Quilgars, 2003), with lesser amounts of attention paid to homelessness as a UK social problem. But, with mounting evidence that the cost of providing emergency services is increasing, exploring the issue and the scientific evidence is timely.

However, in contrast to the UK literature, homelessness research in the US has a well established history for using rigorous methodologies and quantitative research analyses for investigating issues in relation to homelessness. For example, a pioneering trend for understanding service use was to examine those who did, or did not engage in behaviour, then to apply analyses of variance to test for differences between the groups on a number of

constructs (see Brown, 1978). However, what is most interesting to social psychological researchers is the early application of psycho-social variables to service use. Brown (1978) examined differences between behaviour engaging, and non-engaging groups on the basis of constructs such as attitudes, social support and perceived barriers. Thus, to advance this research area, social psychological researchers have applied the theory of reasoned action (TRA; Ajzen & Fishbein, 1972, 1973, 1974, 1977, 1980) and its revised version, the TPB (Ajzen, 1988, 1991) to homeless people's service use. These theories are described in full in Chapter 3 of this thesis. However it is sufficient to say here, that the theories examine intentions, attitudes, subjective norms and perceived behavioural control (PBC) as behavioural predictors, concepts similar to those examined in early US homelessness research.

Nevertheless, although the TPB has established utility for predicting homeless people's service use (see Christian & Abrams, 2003, 2004; Christian & Armitage, 2002) as I alluded to earlier, gaps in our understanding remain. The experience of housing instability and the complexity of service use for homeless people, suggests that the TPB model may not fit entirely well with this situational context. Thus in this thesis, I investigate additional avenues where there is evidence to suggest that their inclusion will enhance the prediction of homeless people's behavioural intentions, and actual behavioural performance. Furthermore, social psychological studies that have applied the TPB to homeless people's service use, have presented with methodological issues, which I shall also investigate in this programme of research.

2.2 Exploring Service Perceptions of Young Homeless Mothers in Solihull: A Preliminary Investigation

In Chapter 4, I present the first empirical investigation of homeless people and service provision in this research programme. The aim is to fine tune research methods and applications that will be used later in this programme of research. The study was conducted in 2 phases. The first was concerned with holding a focus group with staff members to inform the design of a questionnaire to evaluate the service provision. Then, in Phase 2 a single focus group and individual interviews with young homeless mothers were carried out, as a training exercise for the researcher in the administration of such tools, and, to test the relevance of social psychological theory to their perceptions of service use. The measures derived from the TPB and Social Identity Theory/ Self-Categorisation Theory (SIT/SCT; Tajfel & Turner, 1979) were piloted, and the final schedule was administered to young homeless mothers, who agreed to participate ($N = 17$). Participants were either residing in intensive supported accommodation (where staff are available 24 hours a day), or within rented tenancies under floating support provision (where staff arrange occasional contact with service clients). Preliminary analyses showed clear differences in the pattern of responses between participants living in intensive support housing facilities and floating support rent accommodation, thus the main analyses were conducted separately for these groups.

In summary, the inter-correlations matrix of study variables conducted with the intensive support group, showed relationships between TPB, SIT/SCT, and service availability measures, which indicated participant's perceived lack of control over goal pursuits, and a need to enhance their social support networks if they are to achieve their goals in the future (see Table 2). However, it was also important for these young mothers to

practice independent living in the run up to 'move-on' into rented accommodation. In comparison, the inter-correlations matrix conducted with the floating support group, showed relationships between the TPB, homelessness histories, and demographic information, reflecting the importance of independent living (i.e., less support from service staff) if the young mothers are to sustain housing stability in the long-term (see Table 3).

In all, this initial study produced interesting implications for the TPB and SIT/SCT, as well as useful implications for the future of homeless service provision. Also, importantly I learned lessons of homelessness research design and method - notably the importance of service provider assistance, the clarity of measures- to ensure the ecological validity of measures for the homeless population, and the importance of piloting questions. However, as the sample used were young homeless mothers receiving local authority housing assistance, I thought the next step in this research programme should be to investigate the plight of single homeless men. Single men often fall outside the criteria for housing policy support, and so therefore make use of voluntary or charity housing (Fitzpatrick et al. 2000). Thus, the experience of homeless service use is very different between young homeless mothers and single homeless men.

2.3 Predicting Homeless People's Intentions to Use Services

In Chapter 5, I present the second empirical study contained in this thesis ($N = 45$, single homeless men only). Participants reported extended contact with support services (100% of the sample reported using outreach services previously, and being in receipt of housing and council tax benefits). Approximately 50% of participants had never lived on the 'streets' (i.e., they had not lived out doors) but they had resided in hostel accommodation (see Fitzpatrick et al. 2000). Regarding their employment histories, 56% of the sample had held

jobs in retail and domestic industries, but the majority (95%) of the homeless participants were not actively working at the time of data collection.

While not entirely novel in the choice of theory framework, nor the application context, this small-scale study allows for the testing of a methodological issue. The aim is to examine the predictive validity of direct measures of the TPB and additional avenues using single item questions, to determine homeless people's intentions to use outreach services. These additional avenues included social identification/self-categorisation, self-esteem, and affect (i.e., depression) - rationales for their inclusion are given in Chapter 3.

Much of the previous research applying the TPB model to the social issue of homelessness has relied on multi-item scales (e.g., Christian & Armitage, 2002, Christian & Abrams, 2003). However, more recent commentary research published by Armitage and colleagues (Armitage et al. 2008, Rivis, Paschal & Armitage, 2006), suggests that patients and applied populations frequently find the use of multiple-item scales invasive and disrespectful, and therefore participants are less likely to want to participate in the research. Also, in the context of homeless service provision, service providers are often in great demand when meeting the needs of their homeless clients. Thus, a more concise assessment tool would be more useful in practice. And, given that applied housing studies such as those conducted by Christian and colleagues have resulted in industry tools, and that such tools are reliant on the co-operation of participants in applied social environments, I hypothesised that a shortened version *could* be reliably constructed.

Attitudes, subjective norms and perceived behavioural control (PBC) were entered as independent variables, within a hierarchical regression analysis where behavioural intentions were the sole dependent variable. The results showed that PBC emerged as the only predictor

of intentions to use services (see Table 5). Thus, the homeless men were more willing to use the outreach services if they could determine the activities they engage in, and if they are provided with necessary opportunities for participation (e.g., where programmes were scheduled at convenient times). In short, their participation was to increase their efficacy and empower them, in preparation for independent living in more permanent accommodation. Attitudes, subjective norms, and the additional avenues did not predict intention. Furthermore, the utility of the model was proven using single item measures, thus researchers and service providers can take note of a concise assessment tool for administering to homeless people.

2.4 Predicting Homeless People's Intentions to Use Services: The Application of a Multi-Domain Index

In Chapter 6, I present a second, larger-scale *(N = 98)* empirical investigation conducted with a sample of single homeless men and women recruited from the West Midlands, England. The aim was twofold. Firstly, I aimed to develop and test the efficacy of a multi-domain measure based on the TPB, SIT/SCT framework, to create a reliable and robust tool to predict service use intentions. Secondly, I aimed to examine the predictive contribution of social cognitive influences and socio-demographic variables to intentions to use service programmes.

Participants were sampled from a range of hostel accommodation, employment services, and drop-in centres. The majority of participants reported having both a limited employment history (82%), and even more restricted levels of educational achievement (77% reporting that they had completed primary school only). The majority of participants also reported having

extended contact with homelessness services (i.e., housing, employment and drop-in centres) and having spent time living on the streets (76%) -indicating unstable housing histories.

The multi-domain measure utilised were three service use areas (housing, employment, drop-in support activity), which were collapsed into a single composite measure for each of the key study variables (i.e., intention, attitude, subjective norms and PBC) and used in the analysis reported below. The results from a hierarchical regression analysis, showed attitude and subjective norms entered at Step 1 (using intention as the dependent measure), PBC entered at Step 2, 'coping' thinking styles entered at Step 3, and the socio-demographic variable ethnicity entered at Step 4, revealing attitude to be the sole significant TPB predictor of intention (see Table 8). 'Coping' thinking style and participants ethnicity also contributed significantly to the explained variance in intentions when added on the final step of the regression equation (see Table 8).

Study 3 illustrates that service engagement is facilitated when homeless people hold positive evaluations of their service use. Thus, even when specific service use domains are considered- social cognition (i.e., attitude) dominates participation. However there is reason for extending the TPB model in this homeless service use context, to include 'coping' thinking style and socio-demographics, such that participants' ability to think preventatively about their housing crises, and being from a minority ethnic background, also encourages service participation. This implies that participating is seen as a way of preventing future crises from occurring; and amongst minority ethnic people who are relatively new to Britain, service use is perhaps a means for broadening social networks. In some ways, the ethnicity finding is counter-initiative because prior studies have found differences in the use of healthcare services amongst White and ethnic minorities, such that ethnic minorities are shown to use services to a lesser extent (Bui & Takeuchi, 1992; Kataoka, Zhang & Wells,

2002). However, given that many of the ethnic participants indicated that they were alone with no other family members from which to draw help, perhaps the more collective notions guiding their cultural beliefs, help enable them to make better use of the programmes on offer to them.

In sum, the results from Study 2 show PBC motivated homeless people's intentions to use outreach services. In contrast, however, in Study 3 attitudes prevailed as the main determinant of homeless people's intentions to use a composite index of services (social activity, housing, employment). The addition of thinking styles – differing cognitive strategy – also contributed to the explained variance in intentions. Study 2 and 3 also illustrate some interesting relationships between social cognition variables and affect. The latter are not a class of variables traditionally incorporated in the TPB model or TPB studies, but within this context they generated an awareness of how homeless people may regulate cognition and emotional processing surrounding target behaviour such as participation in a service for homeless people.

2.5 Designing Effective Services for Homeless People: Testing the Utility of Efficacy-based Interventions

In Chapter 7, I depart from the survey design used to conduct Studies 1, 2 and 3, and test the utility of an efficacy based intervention on homeless men ($N = 46$). Participants reported to be single (87%), with limited educational achievement (52%), and recent employment experiences prior to their current experience of housing instability (41%). Participants also reported extensive service utilization histories (78%) and on average, the participants had spent 6 months in their current place of temporary accommodation. This efficacy intervention aimed at increasing

their PBC/efficacy while decreasing their negative affect-themes that have emerged

throughout the programme of research. Specifically, the research questions are:

1. To test the impact of efficacy intervention on the empowerment of homeless people.

2. To examine the relationship between variables over time to test their stability.

3. To examine time perspective as an alternative measure of 'coping' thinking style.

4. To establish if concise tools will allow a stronger relationship between affect and

   social psychological variables than shown in the previous studies of this thesis.

The study represents the most rigorous and time consuming piece in the thesis, consisting

of a Time 1 questionnaire measure, followed by the PBC/Efficacy intervention, and in turn a

Time 2 questionnaire measure. Also, at 4 weeks, and 6 months after the completion of the

direct contact phase of the investigation, participants' actual behaviour in housing services

was assessed through facility records.

Initially paired t-test analyses were conducted to test for differences in responses to TPB

and affect question items. In other words, as expected, the short intervention had an effect on

social cognition, such that it enhanced PBC. However, more interestingly, participation in the

intervention session reduced negative affect. That is, levels of depression, and helplessness

went down as a result of thinking about housing, and what they could do to help maximise

their own long-term housing prospects. It could be that empowering these individuals into

using strategies actually diminishes negative affect in the first instance, which is necessary if

they are to ameliorate their social psychological thinking in the face of housing challenges.

Furthermore, on examining the stability of the psycho-social variables over time, it

emerged that only attitude remained stable in the prediction of service use intentions over

time. Also, the inclusion of time perspective, rather than 'coping' thinking style did not predict intentions, yet it associated with identification which helped to explain a lack of evidence for the role of SIT/SCT in homeless people's service use in this study. Lastly, single measures of affect showed greater associations with social psychological variables in this study, than in the previous three studies of this thesis. Thus, in all, this study has interesting implications for future housing/homelessness research and service practice.

2.6 General Discussion and Thesis Conclusions

In Chapter 8, the findings from this programme of research are discussed. In particular, I draw your attention to the methodological contributions of this thesis to the social psychological research domain of homeless people's service use. Therefore, I detail the methodological lessons learned in Study 1, regarding the fine tuning of research methods and applications that would be used later in the research programme (e.g., ensuring the ecological validity of measures, and the importance of piloting measures). Furthermore, the utility of single item measures for assessing TPB and SIT/SCT constructs, as well as the lack of utility in assessing an index of service use behaviours are considered. Lastly, the effectiveness of efficacy intervention on homeless people's service participation is discussed.

Then, I focus on the usefulness of the TPB and SIT/SCT for determining homeless people's participation within services as revealed in this thesis. The findings generally show mixed news for the TPB, such that attitudes and PBC were important contributors to homeless people's service use across the studies. However, the findings also show that there is room for extending the TPB model within the context of homeless people's service use, to include measures of 'coping' thinking styles, and a consideration of homeless people's ethnic background. I suggested that a cognitive plan for preventing homeless experiences is

beneficial for increased service use. It seems that participants realise that the use of services can help them to achieve their housing goal. Also, the ethnicity effect highlights the importance of considering cultural needs when providing services for this urban population.

Finally, I discuss the practical implications of this thesis work, in terms of informing service providers of useful information gathering techniques (i.e., with the use of single item measures), and techniques for influencing change in service participation (i.e., using a PBC/efficacy intervention). The thesis closes with reflection on the future directions for research in this field, and the personal lessons I have learned along this research journey.

Chapter 2

Homelessness Research Reviewed

1.0 Introduction

The aim of this chapter is to introduce the urban setting that forms the context for the research presented in this thesis. As such, this section of the literature review has been organised around 3 core questions, as outlined by Belcher and DiBlasio (1991). These are as follows: 'Who are the homeless (providing definitions, and rates of prevalence)?', 'Why are they homeless (examining reasons, causes, pathways of homelessness)?', and 'What is being done to aid the homeless, both in terms of policy and practice interventions?'

2.0 Who are the Homeless?

There are a number of ways researchers have sought to define homelessness within a British welfare regime (Anderson, 2007; Fitzpatrick et al. 2000; O'Connell, 2003; Pleace & Quilgars, 2003). The scope of defining the implications of what a welfare regime means for Britain is beyond the scope of this thesis, but it is sufficient to say that contemporary housing policy makes two important distinctions that help us define who the homeless are. It defines (a) who may be accepted as homeless for the purpose of receiving State assistance, and (b) how those eligible for assistance may be organised in terms of the severity of their housing needs. The Housing Acts circulated in 1977 and 1996 outline criteria for statutory homelessness, or accepted conditions that must be met for one to qualify for housing assistance. The Act of 1996 states that a person is *legally* homeless when they (a) have nowhere to live (i.e., no accommodation in the UK whatsoever), (b) have mobile

accommodation, but no place to keep it (e.g., a caravan), (c) have accommodation but cannot enter it, (d) have accommodation but cannot remain there due to violence, threats, overcrowding, and financial issues, or (e) are likely to become homeless within the next 28 days (i.e., having been asked to leave a household by a family member or friend).

The 1996 Housing Act also outlines the duty of local authorities to determine whether persons seeking housing assistance fall into *eligible* and *priority need* categorises. A person is considered eligible for assistance only when they are UK citizens. That is, they are not seeking residency within the UK, or residing within the UK illegally without entitlement to welfare support (Shelter, 2005). Priority need categories include (a) households with dependent children or a woman who is pregnant, (b) anyone vulnerable as a result of old age, mental illness, or physical disability, and (c) those homeless as a result of a disaster such as a house flood or fire (Shelter, 2005; Warnes, Crane, Whitehead & Fu, 2003). The criteria for priority need was then extended under the 2002 Homelessness Order to cover (a) all homeless 16 and 17 years olds (except those responsible to social services), (b) all homeless social service care-leavers aged 18-21 and, (c) anyone considered vulnerable as a result of fleeing violence, leaving the armed forces, or prison with no accommodation to go to (Shelter, 2005; Warnes et al. 2003). Taken together, being homeless and in receipt of housing assistance in Britain describes a person who has no place to live, and is a UK citizen, with either children to care for, or a status of vulnerability.

2.1 Definitions of 'Homelessness'

As I alluded to earlier, there are a number of ways in which researchers define homelessness in Britain. This reflects the different types of homelessness investigated to date,

where researcher have reported on the different life experiences and needs of homeless sub-groups of people. These are discussed below.

Single homelessness. A person is described as 'single homeless' when they fall outside the provisions of homelessness legislation (please note: this is in contrast to the US housing and homelessness literature which uses the term to refer to marital status) (Pleace & Quilgars, 2003). For people without minor dependents, who are not considered to be vulnerable, current legislation offers them no priority for their housing assistance (see Table 1). Instead, many of their needs are met by voluntary sector services (voluntary sector services for single homeless people in the UK are discussed later in this chapter) (Fitzpatrick et al. 2000). However, there are circumstances when single homeless people are excluded from voluntary sector services too, particularly when they have pets, relationship partners, mental illness or are involved in substance misuse (Kennedy & Fitzpatrick, 2001). The experience of homelessness for single homeless people often involves coping with negative life histories, such as family disruption, time in social service care, and child abuse, as well as current issues such as a lack of welfare benefits (Kennedy & Fitzpatrick, 2001).

Family Homelessness. The plight of homelessness is somewhat different for homeless families, because the majority of these households are headed by women with minor dependents, or women who are pregnant, they are receiving local authority (LA) housing assistance, under housing policy in Britain (see Table 1). Nevertheless, the experience is essentially negative for these women, as many have become homeless, as a result of 'escaping' domestic violence from an intimate partner, where the escape has often meant isolation from family and friends (Tischler, Rademeyer & Vostanis, 2007). These women report mental health concerns, mostly depression as they cope with present circumstances,

and in some cases having to cope with the behavioural difficulties of their child as a result of the homeless experience (Karim, Tischler, Gregory & Vostanis, 2006; Tischler et al. 2007).

Youth Homelessness. Where a young person is aged 16 or 17 and is not in the care of social services, or if they are aged 18-21 and have recently left social service care, they are a priority for housing assistance in Britain (see Table 1). However, the experience of housing instability for young people can greatly inhibit their educational achievement, and access to training and unemployment, as the majority are unemployed (Commander, Davis, McCabe & Stanyer, 2002). Young homeless people often find themselves coping with experiences such as family breakdown, isolation, and mental health issues which leave them vulnerable to self-harm and substance misuse (Quilgars, Johnsen & Pleace, 2008). To pass the time, young homeless people may engage in more risk-taking behaviours (e.g., crime), and are sometimes in trouble with the police (Commander et al. 2002; Quilgars et al. 2008).

Older Age Homelessness. Housing policy in Britain does not place individuals over a certain age in priority need for housing assistance, thus we find that the majority of older people, aged 60 and over are either single homeless, or, they have received housing assistance owing to vulnerabilities such as mental illness and/or physical illness. Nevertheless, research does report that older homeless people have complex mental health and physical health issues, which prevents many from living independently within households (Crane et al. 2005; Crane & Warnes, 2005). For some older homeless people, independent living skills have become a challenge, and important tasks for housing maintenance, such as making rent payments are not carried out, resulting in the loss of their homes (Crane et al. 2005; Crane & Warnes, 2005). Furthermore, older homeless people find themselves coping with bereavement as loved ones pass away before them, hence further issues of loneliness and isolation arise (Crane et al. 2005; Crane & Warnes, 2005).

Ethnicity and Homelessness. Although, homeless people from different ethnic backgrounds may fall into any of the above homeless categories, there is research that suggests that the experience of homelessness is diverse amongst ethnic groups. For example, there is a greater issue of hidden homelessness (i.e., where individuals reside with family and or friends) amongst minority ethnic homeless groups, than White ethnic groups (Harrison & Phillips, 2003). Also, the needs of minority ethnic homeless people can be more complex than that of White ethnic homeless people, in relation to poverty, racial discrimination and social discrimination (Harrison & Phillips, 2003).

Gervais and Rehman (2005) cite evidence to suggest that specific minority ethnic groups can face challenges specific to their ethnic background. Within the Asian community in Britain, domestic violence is a major cause of homelessness for women, as well as issues arising from arranged marriages, and overcrowding in households. Amongst Black Caribbean and Black African households, issues can arise from relationship breakdowns as a result of acculturation, and coping with negative life histories in their country of origin, as well as mental health difficulties. Within Irish households, domestic violence and financial hardship have been identified as particular issues resulting in homelessness. Lastly, refugees in Britain, which are a mix of a number of ethnicities, face challenges such as racial discrimination, harassment, language barriers, poor knowledge of services available, unrecognised health needs, social isolation and insecurity in Britain, which are major risk factors to homelessness.

In summary, UK housing policy has allowed us to understand who the homeless are in Britain. That is anyone who has made a homeless application to their LA, and are considered to be, either in priority need (e.g., families, youth, or the vulnerable) or not in priority need (e.g., single people). Furthermore, homelessness researchers in Britain have investigated the plight of these homeless groups, which indicates a diversity of needs to be met if

homelessness is to be tackled successfully. Following on from this, as well as the difficulty of

tackling the diverse and complex needs of homeless people, finding out how many there are

in Britain is also not straight forward. Since the 1980s the Government has commissioned

research which investigates and reports on the prevalence of homelessness in Britain,

although figures are usually rough estimates of this population.

3.0 How Many Homeless People Are There in Britain?

Homelessness remains a serious social problem in the UK, with recent figures

indicating that 64,000 people were residing in temporary accommodation arranged by LAs,

under housing policy (Housing Statistical Release, 2009),[1] with an additional 464 of these

people claiming to be sleeping rough in 2009.[2] The term rough sleeping refers to homeless

people with 'absolutely no shelter and (who) are sleeping out of doors or in cars or other such

locations' (Anderson, 2007 p. 623). In total, there are now expected to be 84,900 households

with at least one person who is classified as homeless in England (see

http://en.wikipedia.org/wiki/Homelessness_in _England). The largest population of homeless

people is in London, which has the largest number of acceptances from homelessness

applications (i.e., 47,780 people out of the 64,000 residing in temporary accommodation were

in London) (Housing Statistical Release, 2009)[1], and where 265 of the 464 claiming to be

sleeping rough are derived from the London area.[2] High unemployment levels and great

demand for housing stock in London explain why the number of homeless people is highest

there, with many poor households migrating to the city competing for highly skilled jobs and

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[1] See http://www.communities.gov.uk/documents/statistics/pdf/1251671.pdf

[2] http://www.communities.gov.uk/housing/homelessness/publicationsabouthomelessness/roughsleepingstatistics/

housing (Fitzpatrick et al. 2000). Table 1 below, presents a recent profile of homeless households in Britain, although owing to the size of the homeless population in London, the figures represent a true picture of homeless people there, rather than in smaller cities and boroughs in Britain.

Table 1. Profile of Households in Receipt of Housing Policy Provision in Britain in 2009.[3]

Profile	Percentage
By Type of Household:	
Lone Mothers	45%
Couples with Dependent Children	19%
One Person Household (Lone Male)	16%
One Person Household (Lone Female)	12%
Lone Fathers	4%
Other	5%
Total	101%
By Ethnicity:[4]	
White	70%
Minority Ethnic Group:[5]	
Black	13%
Asian	6%
Other Ethnic Group	6%
Total	95%
By Age Band:	
Under 45 years	90%
25-44 years	47%
16-24 years	42%

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[3] These figures are taken from the 'Housing Statistical Release' which reports homelessness figures on a quarterly basis (i.e., every 3 months). These figures are taken from the January – March 2009 report, however the pattern shown is said to represent the picture of housing policy provision generally in Britain. Also, it should be noted that in some cases the 'total' statistics cannot be reported accurately, based on the information provided by this Release.

[4] Not all applications stated an ethnicity.

[5] Compared to the general population, there were a higher number of acceptances amongst minority ethnic groups than the White population.

4.0 Why Do People Become Homeless?

Researchers have put forward two divergent arguments to explain the occurrence of, homelessness in the UK, that is the structural and individual accounts of homelessness (Anderson, 2003; Fitzpatrick et al. 2000; Pleace & Quilgars, 2003). The structural account refers to homelessness as a 'housing' problem, where the problem is said to be the product of changes in the housing system. Examples include an increase in housing demand from single households, a lower supply in LA housing stock, a lack of affordable housing, and rising levels of poverty. A structural account also suggests that homelessness is a result of labour market re-structuring and increased levels of unemployment (i.e., a decline in manufacturing industries, thus less demand for manual workers) (Fitzpatrick et al. 2000). The individual account, however, reflects on the personal characteristics of the individual, including personal risk factors and triggers in the run up to a period of homelessness. Nevertheless, the bulk of the research exploring issues surrounding housing and homelessness in the UK has been conducted from a housing studies perspective (see Anderson, 1994; Anderson & Morgan, 1997), and consequently has focused on structural causes as the main foundation underlying individuals homelessness (Fitzpatrick et al. 2000).

Yet, more recently, some scholars have deviated from the 'housing only / structural explanation' and have sought to explore more of a 'social-problem/individualist explanation' for homelessness, meaning that the individual is recognised as an 'active' agent in their housing situation. This shift in explanation has arisen as a result of research identifying homelessness as a cyclic pattern for homeless people, where despite re-housing, many find themselves without a place to live repeatedly (Pawson, Third & Tate, 2001). Thus, more contemporary literature tends to allow more of an integrated account.

Research by Fitzpatrick and Clapham (1999) attempted to integrate the two opposing explanations of homelessness. They describe housing as a source of interaction between members of the household and the dwelling, and hence people derive a sense of identity from the housing situation, but moreover they also bring personal characteristics to bear on the housing situation and resulting housing choices (also see Clapham, 2003). Thus, Clapham added the involvement of personal agency in the homeless experience. That is, the experience of homelessness is also the product of the individual's perceptions, motivations and behaviours (Clapham, 2003). Hence, the notion of viewing homelessness only as a result of limited access and availability of low-income housing, in essence renders the individual person passive and undermines any personal agency or efficacy that he/she might exercise.

Fitzpatrick and her colleagues (2000) synthesised the literature, identifying a range of personal risk factors thought to mediate the influence of structural factors, and further contribute to the breakdown of housing situations. These included "(a) offending behaviour and/or experience of prison, (b) previous service in the armed forces, (c) lack of a social support network, (d) debts - especially rent or mortgage arrears, (e) causing nuisance to neighbours, (f) alcohol misuse, (g) school exclusion and lack of qualifications, and (h) mental and physical health problems" (Fitzpatrick et al. 2000, p. 28; Kennedy & Fitzpatrick, 2001). In addition, the researchers also identified distal factors likely to increase vulnerability, such as: "(a) leaving the parental home after arguments; (b) marital or relationship breakdown; (c) widowhood; (d) discharge from the armed forces; (e) leaving care; (f) leaving prison, and (g) a sharp deterioration in mental health or an increase in alcohol or drug misuse" (Fitzpatrick et al. 2000, p. 28). These factors are particularly useful, as they can help identify the specific needs of the homeless person. On this basis, the individual can receive housing intervention/

that is tailored to their personal needs, which in turn could lead to a more stable housing future.

5.0 What Services Have Been Implemented to Aid Homeless People?

This section reviews the range of service interventions for homeless people in Britain to date. Based on earlier structural explanations of homelessness, there are services that meet the housing needs of homeless people only. However, with the integration of a more individualist perspective, there are provisions in place which aim to meet the wider, more specific needs of homeless people. Each is detailed below.

5.1 Accommodation Provision Only

Rough Sleeping. In response to the increasing numbers of people sleeping rough in the 1980s, over a three year period the Government spent in excess of £100 million under the Rough Sleepers Initiative. The Initiative provided support for housing and services with the direct aim of reducing the number of people sleeping rough in London (and did so by 64%), then, the programme was extended to other locations in the UK (see Anderson, 2003; Fitzpatrick et al. 2000; Pleace & Quilgars, 2003; Randall & Brown, 1993, 1995, 1996, 2002a, 2002b). One of the unique features of the Rough Sleepers Initiatives was that it was evaluated longitudinally, giving researchers and policy makers more insight into the outcomes of the intervention (Randall & Brown, 1993, 1995, 1996, 2002a, 2002b).

The evaluation of outcomes explore the effectiveness of 'street work' by outreach teams, in reducing the number of homeless people on the streets, and in facilitating collaboration between homelessness services and civil services (e.g., the police to reduce anti-social activities) (Randall & Brown, 2002b). Secondly, the evaluations assess the extent of housing accessibility and the quality of the support offered to homeless people. Thirdly, the appropriateness of the health care available to rough sleepers is estimated, and lastly, how

well the initiative strategy is managed is appraised, concluding with recommendations for further strategy development (Randall & Brown, 2002b). In sum, the programmes in place for rough sleepers surround 'moving them on' into temporary accommodation. A current scheme is the Winter Shelter Programme, where different types of services (e.g., private or public sector, voluntary sector services) collaborate in securing housing for people living on the streets. For example, the Department of Environment funds the shelters managed by voluntary agencies, whilst local businesses donate amenities, such as bedding and toiletries (see MOST Clearing House, n.d). Also, to ensure the wider needs of rough sleepers are met, the Department of Health and alcohol/drug abuse charities run clinics for people sleeping rough (see MOST Clearing House, n.d).

5.2 Accommodation and Support Provision

Housing Services. In the UK, there are different types of housing assistance outside that provided by LAs. That is, where local authorities have no homeless 'duty' to an individual (i.e., they are not required to assist them), it often means that voluntary sector services offer assistance to them instead (Fitzpatrick et al. 2000). The process works by either self-referral, or by referral from homeless and civil service agencies (Randall & Brown, 2002b). This means that anyone in the UK may receive 'direct access' to housing assistance from voluntary sector services, that is, no LA is involved in the process.

Hostels. The most common type of temporary accommodation offered to homeless people are "homeless hostel" places. The main aim of these establishments is to provide self-contained accommodation to homeless people (e.g., men only, or young homeless people only (aged 16-25 years) (Fitzpatrick et al. 2000). All residents within hostels can receive 24 hour service staff support. This would include 24-hour reception and advice services, support to tackle housing and employment issues, and a dedicated food service and cleaning staff.

UK homelessness research has explored issues such as the relationship between homeless hostel residents and support staff, for example, McGrath & Pistrang (2007) interviewed young homeless people (aged 16-25 years) in London, residing in hostel accommodation. The results of qualitative analysis (i.e., Interpretative Phenomenological Analysis) reveal a perceived complex relationship between the young people and service providers. For example some service providers were instrumental (i.e., adhering to set criteria) when meetings were arranged with clients, whilst others were more 'resident-focused' at considering the individual needs of clients at each meeting (McGrath & Pistrang, 2007). Also, the analysis showed that although all residents wanted staff to be available to talk to, they varied in the extent they wanted to discuss personal matters, such that the extent of personal relationships with service staff (i.e., seeing them as a friend) varied. McGrath and Pistrang (2007) therefore concluded that trust and respect were important for the young homeless hostel residents.

There are few studies that have investigated the organisation of homeless hostels in Britain, though one exception is a study by May, Cloke and Johnsen (2006) who distributed surveys to service providers and service users within emergency hostel accommodation. They found that, the majority of hostel accommodations were managed by voluntary or charity organisations, and very few were managed by LAs. Also, the majority of facilities received most of their income from Housing Benefit, so it was important for homeless people to be receiving Housing Benefit at the onset of service use, to pay a rent to the service. Although many facilities reported a lack of funding, and a reliance on donations from the public to continue running. Furthermore, a particular issue raised was a reliance on volunteers within services, thus, a lack of a skilled and specialist knowledge workforce to support the homeless clients. However, most service managers rated the quality of their facilities highly, such that

they were purpose-built, clean, and 'homely', rather than a facility crafted from old

warehouses or church buildings.

There are more than 300 homeless hostels currently operating in the UK (see the

homeless UK website at http://homelessuk.org), and as the evaluations and service reports

show, homeless people have been helped tremendously by hostel accommodation and

support. However, there is room for improvement in provisions such that services would

benefit from further advice on service programmes to meet the needs of their service users,

for example, in areas such as ensuring a 'resident-approach' to learning independent living

skills (McGrath & Pistrang, 2007).

Floating Support Services. But, it is also important to note that hostels vary on the

level of additional lifestyle support they offer due to varying degrees of support needs

(Barbour & Watson, 2004; Fitzpatrick et al. 2000). A second type of accommodation,

though more long-term, is rented accommodation. Frequently, the LA will have restricted

housing stocks, and therefore individuals may rent privately. Typically, however, these

tenancies are accompanied by "floating" support. Floating support was first instituted in 2003

funded by the Government's Supporting People Programme, which aims to help vulnerable

people to live independently (Communities and Local Government, 2008).[6] Floating support

aims to ensure that individuals learn the life skills needed to more appropriately cope with an

independent tenancy. An important aspect of this process is that the support should gradually

'float away', as the individual becomes equip with the skills for independent living

(Fitzpatrick, et al. 2000). To date, the effectiveness of floating support has not been evaluated

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[6] See http://www.communities.gov.uk/documents/housing/pdf/floatingsupportresearch.pdf

extensively, but researchers have acknowledged the utility of this service for homeless people with a low level of need, rather than intense needs which would require support on an institutional basis (Fitzpatrick et al. 2000).

5.3 Support Provision Only

Outreach Programme Services. Funded by the Rough Sleepers Initiative, outreach support programmes aim (a) to provide assertive work to persuade rough sleepers into accommodation, (b) to help rough sleepers in returning to their original place of residency (c) to provide provision to reduce rough sleepers by two thirds in local areas (d) to create opportunities for other local agencies to be involved within outreach work and, (e) to formulate action plans for individual street sleepers (Randall & Brown, 2002b). Usually, the procedure is for outreach support workers to approach homeless people sleeping on the streets, to connect them to longer-term services (Fitzpatrick et al. 2000). Also, in a bid to support individual needs, outreach support workers may target specific groups of the homeless population, for example, those who abuse drugs and alcohol, or young homeless people (Fitzpatrick et al. 2000). Evaluation studies have documented the success of outreach programmes, but each evaluation leaves room for improvements to service provision (Randall & Brown, 1993, 1995, 1996, 2002a, 2002b).

Day Centres. Day centres offer a variety of services to homeless people, such as housing advice, a hot meal on site, and a base for place to go- to escape weather conditions (winter or summer conditions). Over the years, day centres have increased their provision beyond food and shelter to include healthcare assistance. Day centres adhere to an open door policy such that there is no restriction on who can use the facilities, although there are guidelines for good practice which tackles issues such as safety, volunteering, and equal opportunities (Fitzpatrick et al. 2000). Further research is needed to investigate the activities

within homeless day centres, yet some researchers suggest that although they are a good source of care for homeless people, they carry a risk for supporting homeless lifestyles (see Johnsen, Cloke & May, 2005; Randall & Brown, 2002b).

Self-help Initiatives. A smaller number of programmes have been designed to boost homeless people's confidence and provide a source of income. The most popular of these is "The Big Issue" magazine, which aims to empower homeless people by giving them employment, or at the very least, a daily routine where they can earn an income for themselves and socialise with others. Members of staff are also available for housing support/ counselling and food handouts, but most importantly, this initiative fills an employment opportunity gap in other service provisions. The purpose is for homeless people to become "vendors" where they sell the Big Issue magazine, and although there is little research on the effectiveness of the Big Issue, researchers' note that it serves to enhance homeless people's confidence and self-esteem (Fitzpatrick et al. 2000; Swithinbank, 1997). In all, the services available to homeless people in Britain are summarised in Figure 1 below.

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                              ┌──────────────┐
                              │ I am homeless │
                              └──────────────┘
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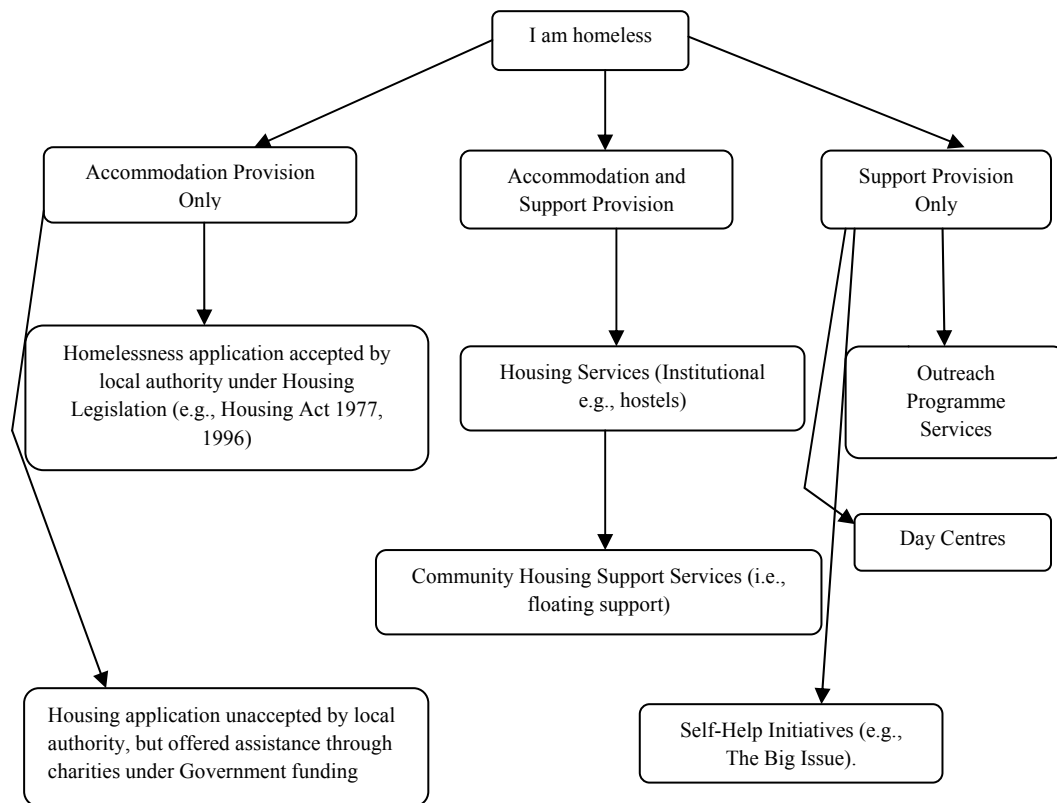
Figure 1. Transitions through Homelessness Services in Britain

5.4 What Do We Know About Service Provision in Britain?

While considerable attention has centred on identifying the causes of homelessness, relatively less research interest has focused on understanding perceptions of service provision. As Pleace and Quilgars (2003) point out, the research on service provision is largely fragmented, and because it is typically commissioned, the scope of the projects are restricted and almost always linked to policy outcomes with few notable exceptions (also see Anderson, 2007). Furthermore, another issue that plagues British homelessness research is that work investigating individuals' perceptions of service use (or service delivery) is typically reported in undifferentiated lists, making it virtually impossible to assess the relative weight–contribution–of the variables for understanding motivations for use engagement. For

example, one of Randall and Brown's evaluations of the Rough Sleepers Initiative, published in 2002 reported that some rough sleepers were happy with the service, such that they were provided with accommodation quickly, whilst others felt the teams were pointless, preferring to refer themselves to accommodation services (Randall & Brown, 2002b). On the basis of this information it is difficult to reflect on what is important for service engagement amongst homeless people. Although more recently, social psychological research into homelessness is an exception, such that useful contributions to our understanding of homeless people's service use have been made (cf. Christian & Abrams, 2003, 2004; Christian & Armitage, 2002). I draw your attention to these studies later in this section.

Nevertheless, some service evaluation methods have been qualitative in nature, that is, they tend to summarise themes derived from case studies of homeless people and service support workers. Although this is a useful technique for exploring new topics, this research method and analysis does not allow for an understanding of the relationship between the perceptions of participants, hence there is no indication of how we can ameliorate the experience for homeless people at the individual level (Randall & Brown, 1993, 1995, 1996, 2002a, 2002b). In the fact that service evaluations are funded by the Government, some researchers suggest that they are 'led, rather than leading' (Pleace & Quilgars, 2003) and so centre on ameliorating the visual signs of homelessness, that is getting people off the streets, at the expense of developing provision to meet their personal needs.

Other research investigations commissioned by the Government with different sub-groups of the homeless population, also report perceptions of homeless people towards services, for example, Quilgars and colleagues (2008) recently evaluated young homelessness in the UK, where they reported a concern amongst homeless youth that they were receiving support which they did not need, and a real sadness amongst homeless youth in relation to

long stays within services. However, Quilgars and colleagues do not state the specific thought related variables under investigation in the evaluation.

Over the past decade, social psychological investigation in the UK has attempted to fill this empirical void and clarify the cognitive (i.e., thought-related) variables that influence service engagement amongst homeless people. Christian and colleagues have headed these investigations, with a succession of studies that identify homeless people's thought patterns used to inform their service participation choices (e.g., Christian & Armitage, 2002; Christian & Abrams, 2003). The purpose was to overcome methodological gaps in previous homelessness studies, particularly a lack of variable assessment, and investigation into the relationships between variables. To go about this, Christian and colleagues selected specific models of social cognition to ensure of a rigorous, systematic and robust investigation that could be repeated by future researchers or service providers in the field. At the very least, the use of models of social cognition offers a meaningful basis for forming ideas about the influence of personal agency on homelessness experiences, which is where we are now in the homelessness debate (i.e., an integration of both a structural and individualist explanation of homelessness). The work of Christian and colleagues will be detailed in the next chapter of this thesis. However, there is more to discover about homelessness experiences using the social cognition models that Christian and colleagues have examined. This thesis work is the first step in this direction.

5.5 Service Provision Research in the US

The US has a very divergent political regime to that in the UK, operating under a market economy model (see, O'Connell, 2001, 2003). But, nonetheless, several cross system comparisons have been published in the literature, and given that many of the methodological

characteristics emerging in the US literature are similar to those in the empirical studies presented in this thesis (i.e., the use of quantitative analysis, theory-driven evaluations, larger n sizes, and greater reliance on longitudinal techniques), it is appropriate to include an overview of this body of research (Acosta & Toro, 2000; Birkel & Reppucci, 1983; Brown, 1978; Coe, Wolinsky, Miller and Prendergast, 1985; Resnick & Burt, 1996; Shinn, Knickman & Weitman, 1991; Snow & Anderson, 1987; Weitzman, Knickman & Shinn, 1992; Wong, 1999).

In the US, researchers have investigated service utilisation for decades. Although not all studies were conducted in a homelessness context, we still witness the development of methodological and research strategies which help to inform us of the determinants of service outcomes, and the individual's behaviour, which nevertheless relates to this thesis work. For example, in a pioneering study by Brown (1978), individuals who sought help for difficult life experiences (e.g., poor health, or unemployment) were compared to individuals who did not. These groups were compared on a number of factors such as socio-demographic background, personal resources (i.e., mastery, self-esteem and coping strategy), social support networks, and perceived barriers (i.e., attitude) towards seeking information, to ameliorate their experiences. Brown (1978) found differences in age and race between help seekers and non-help seekers, such that older people, and African Americans sought help to a lesser degree than younger, White participants. There were no differences between the groups on personal resources, social support, or perceived barriers. Interestingly, Brown used analyses of variance (i.e., quantitative analysis) to find that age and ethnicity determine help-seeking behaviour. In a study which also based their findings on quantitative analysis of variance, Coe, Wolinsky, Miller and Prendergast (1985) compared elderly people's use of health services, on the basis of their social support networks. The results saw that elderly people

with social support networks (i.e., assistance from family and friends) made fewer visits to hospital, than those without social support. Thus support from family and friends determined hospital use behaviour amongst elderly people.

A final example of the use of quantitative analysis for understanding service use can be taken from Weitzman, Knickman and Shinn's (1992) study, yet here it is in the context of homelessness. They examined the role of a psychiatric history, substance misuse and victimisation (i.e., physical and/or sexual abuse) in homeless families' shelter use. Both homeless mothers and housed mothers were interviewed about their contact with mental health professionals, abuse of alcohol and experiences of abuse. In a comparison of the 2 groups of women, Weitman, et al. (1992) argued that there was enough difference in responses to suggest that more psychiatric histories, and a high use of a detoxification centre determined more shelter use amongst homeless women, rather than housed women. Shinn, Knickman & Weitman (1991) also compared the social relationships of homeless and housed women, and found that homeless women were less able to stay with family and friends, resulting in their shelter use, furthermore, child abuse, and abuse as an adult was greater amongst homeless women than housed women, thus it was noted as a contributing factor to shelter use.

The 1980s also saw the introduction of correlational analyses to determine service use, for example, Birkel and Reppucci (1983) conducted an investigation of the relationship between social networking (i.e., with family and friends) and both attendance at a parenting programme, and, information seeking about child rearing amongst low income mothers. Their first study of the paper showed that after the mothers participated in a parenting program over consecutive weeks, the density of their social networks was negatively correlated with the number of programme sessions they completed, such that greater social support resulted in

lower attendance at programme sessions.   Furthermore, the second study of the paper

showed, that information-seeking about child rearing was also negatively related to the

density of mothers' social networks, such that, they sought information to a lesser extent if

their social contacts were consistent. Like the studies using analysis of variance to determine

service use, this study also shows that correlational analyses are useful for providing a picture

of behavioural determinants.

A further early research technique for generating ideas about service use came from

Resnick and Burt (1996), who synthesised available literature on youth homelessness and

produced a conceptual model of risk for homelessness amongst adolescent homeless people

(aged 10-15 years). The model included risk antecedents (i.e., family and environmental

factors, such as family dysfunction and poverty), risk markers (i.e., behavioural problems,

such as school truancy, running away from home, early sexual experiences, early use of

alcohol and illegal drugs). However, there were no statistical tests of these potential

influencers. This can also be said for the identity work of Snow and Anderson (1987), who

conducted a 'conversational analysis' of identity construction data from homeless people.

Interestingly, the homeless people engaged in a number of strategies to distance themselves

from a homeless identity, but we do not know whether this affected their service use

behaviours.

The end of the 1990s clarified this issue, with the use of behavioural models allowing

for tests over time, and regressions which showed that homeless people's service use

behaviours could be predicted. For example, Wong (1999) conducted a longitudinal study of

homeless people's community based social service use. She drew upon the Anderson model

to identify individual level determinants of service use (i.e., the characteristics and

experiences of homeless people, which were made up of predisposing, enabling and need

factors). Predisposing factors represented socio- demographic information (i.e., age, gender, education, occupation, ethnicity), and attitudinal factors (i.e., the beliefs that people have about health and health services). Enabling factors consisted of income, health insurance and attributes of the community, and need factors included the individual's perceived physical and behavioural health needs (Wong, 1999). Thus, in Wong's study, specific variables were used to assess homeless people's service participation which is relevant to the study chapters within this thesis.

Wong (1999) interviewed her participants at 3 points in time, and multivariate analysis showed that at Wave 1, gender and race predicted rehabilitation service use, such that females and participants with White ethnicities were more likely to use rehabilitation services (i.e., provision of mental health services and drug and alcohol misuse treatment). Over time, the important factors predicting service use were essentially the same as at Wave 1, suggesting that individuals already using services were those who used them continuously. What is important about Wong's (1999) longitudinal research design, is that it can inform interventions to encourage service engagement amongst homeless people. On the basis of the findings it would seem that support provision requires improvement to meet the needs of men and minority ethnic groups.

A further example, can be derived from Acosta and Toro's (2000) study, where they conducted a needs assessment of homeless people, and also assessed them for their use of community services, the type of services they wanted, and how difficult they were to access. The study also examined predictors of service use, perceived importance of needs and ability to address them, and service satisfaction (Acosta & Toro, 2000). The predictors consisted of (a) demographics (i.e., age, gender, ethnicity), (b) attributes developed in adolescence or adulthood such as mental health issues, substance misuse, dependent children, and

employment history, and (c) current environmental and functioning variables, such as stress, health and social support (Acosta & Toro, 2000). When they examined the service utilisation of their homeless sample, Acosta and Toro (2000) found socio-demographic variables and other environmental and functioning factors as the most significant predictors of service use using hierarchical regression, compared to personal attributes such as mental illness, and substance misuse. The significance of age meant that younger homeless persons used shelters less, and found 'formal' services to be less important, preferring family services, compared to their older counterparts (Acosta & Toro, 2000). Race was a significant predictor, that is African American participants found that 'basic' and family services were most important, and that family services were difficult to access (Acosta & Toro, 2000). The authors suggested that this information is useful for service providers, as services may not yet have evolved to meet the needs of a homeless population with increased numbers of young and minority ethnic members (Acosta & Toro, 2000).

In sum, the US homeless service participation literature is relevant to the work in this thesis for 3 reasons (a) they identify specific variables that impact the use of services amongst homeless people, (b) they apply longitudinal research designs to assess the impact of intervention over time and (c) they conduct quantitative research analysis that provides insight into differences between sub-groups of the homeless population, and the effectiveness of intervention programmes.

5.6 Summary and Conclusions

Some homelessness researchers would argue that the UK housing literature is somewhat constrained in scope by the Government which commissions them (see Pleace & Quilgars, 2003). But, what is noticeable is a lack of quantitative analysis which links the perceptions and behaviour of homeless people together. In this way, we are able to gain an

understanding of homeless people's influence on their own housing situation, which would help to explain why people become homeless repeatedly, despite re-housing (see Pawson, Third & Tate, 2001). In contrast, the US, shows greater insight into the experiences of homeless people and their perceptions of service use, owing to the use of analysis of variance, correlation and regression (i.e., quantitative analysis), and hence more rigorous methodologies.

Furthermore, based on the pioneering research in the US we can draw out interesting social psychological constructs that may emerge as significant contributors to the homeless experience. Notably, Brown's study (1978) investigated perceived barriers which he termed as attitudes, as well as social support to determine help seeking behaviour. Although these constructs were not shown to impact the behaviour in question, they still spark interest for further investigation. These constructs may well influence behaviour within a systematic framework which demands careful consideration of the research methodology (i.e., the design and application of measures) to produce useful findings. On this basis, social psychological researchers in the context of homelessness, have examined the theory of reasoned action (TRA; Ajzen & Fishbein, 1972, 1973, 1974, 1977, 1980; Fishbein & Ajzen, 1974, 1975) and the TPB. Social psychological researchers have seen the impact that attitude, perceived barriers (Brown, 1978; Wong, 1999), and social support (Acosta & Toro, 2000; Birkel & Reppucci, 1983; Coe et al. 1985; Shinn et al. 1991; Wong, 1999) can have on behaviour during difficult life experiences. Consequently, they use the TRA and TPB frameworks to test this more rigorously, as the models include intentions, attitudes, subjective norms and PBC as behavioural influencers (further details are given in the next chapter).

Chapter 3 presents the TRA and TPB models, and how social psychological researchers have used them to gain further insight into the perceptions, motivations and

behaviour of homeless people. The utility of these models to determine homeless people's service use and outcomes is well-established (e.g., Christian & Abrams, 2003, 2004; Christian & Armitage, 2002), however, as the chapter will show, there are further avenues relevant to homelessness that go unaddressed in these models. These influences include social identification/ self- categorisation and self-esteem (Tajfel & Turner, 1979), affect, 'coping' thinking styles, past behaviour and socio-demographic characteristics. As the next chapter will show, these additional influences may well help us to further understand service use for homeless people, and where we should target our resources for tackling this issue in Britain.

Chapter 3

Social and Health Psychology Literature Review

1.0 Introduction

In this chapter I present a review of the social psychological and health literatures relevant to exploring why homeless people use outreach service programmes. There are two specific aims here. Firstly, I aim to provide an overview of the theoretical model used to frame the empirical investigations presented in this thesis. That is, the theory of planned behaviour (TPB), an extensively utilised model of applied social cognition (see Armitage & Conner, 2001; Cooke & Sheeran, 2004; Downs & Hausenblas, 2005; Rivis & Sheeran, 2003 for meta- analytic reviews), and suggested additional avenues of social identification/self-categorisation, self-esteem, affect, past behaviour, and homeless people's socio-demographic characteristics. Secondly, I aim to present some of the methodological issues that have arisen from prior social psychological studies within this domain. The issues I present concern the use of multi-item measures to assess theoretical constructs, the use of 'global' measures of service use behaviour, and a lack of intervention design and implementation from prior social psychological studies.

2.0 The TPB

The field of social psychology has a long standing interest in the attitude-behaviour relationship (Allport, 1935; Ajzen & Fishbein, 1972, 1973, 1974, 1977, 1980; Bagozzi, 1981; Bentler & Speckart, 1979, 1981; Corey, 1937; Fishbein & Ajzen, 1974, 1975; LaPiere, 1934; Lewin, 1951; Speckart & Bentler, 1982; Wicker, 1969). The prediction of behaviour from

attitudes was historically anything but straightforward, particularly concerning the measurement reliability of questionnaire data, and low correlations found between attitudes and behaviour (e.g., $r = 0.2$) (Corey, 1937; LaPiere, 1934; Wicker, 1969). However, the initial work of Fishbein and Ajzen (1975) aimed to redress this gap with their *principle of correspondence*, that is, ensuring attitude and behaviour match each other in terms of action, time, target and context. Furthermore, Fishbein & Ajzen (1975) proposed an innovative model of social cognition, that is, to investigate a mediator of the attitude-behaviour relationship. They suggested that behaviour may actually be determined by a more proximal determinant than attitudes, that is, behavioural intentions, hence the development of the theory of reasoned action (TRA; Ajzen & Fishbein, 1972, 1973, 1974, 1977, 1980; Fishbein & Ajzen, 1974, 1975).

Briefly, the TRA postulates that intention is the sole direct determinant of behaviour, but underlying intentions are two other proximal determinants, attitudes and subjective norms. Thus, according to the TRA, behaviour is determined by the individual's volition (i.e., intention), such that, the individual will decide to engage in behaviour if they choose to. Furthermore, the decision to act is influenced by an evaluation of the behaviour (i.e., attitude), as well as the individual's perception of social pressure from others to perform the behaviour.

However, despite the proven predictive utility of the TRA, Ajzen suggested that it did not explain all behaviours, particularly those which were not under volitional control (i.e., more complex behaviours that would require a perception of control for behavioural performance). To address this problem of incomplete volitional control, Ajzen proposed the TPB, which extended the TRA by including perceived behavioural control (PBC) as both a determinant of intentions and behaviour (Ajzen, 1988 1991).

As with the TRA, the TPB model (see Figure 2) proposes intention as the most proximal determinant of behaviour (i.e., willingness to engage in the behaviour). According to Ajzen (1991), the stronger the intention to engage in target behaviour, the more likely the individual is to perform it. We might suggest that, within the context of homelessness, a homeless person is more likely to take part in an outreach programme, if he/she intends to do so. Underlying intentions, are attitudes and subjective norms as in the TRA, however as I alluded to earlier, PBC is also postulated as an indirect predictor of behaviour.

Attitudes are the positive and/or negative evaluations individuals make of the target behaviour, therefore a homeless person is more likely to intend to take part in outreach programmes, if he/she sees the benefit in doing so, thus appraising the programme positively. S*ubjective norms* are the extent to which one reports feeling social pressure to perform the behaviour, and the perceived pressure to comply with this social influence. Where homeless service use is the domain in question, intentions towards such behaviour will/should be influenced by the individual's perceived opinions of someone close to them, such as family, friends or a service staff member. A motivation to comply with the opinion of the social referent is also important for the influence of subjective norms on behavioural intentions. *Perceived behavioural control (PBC)*, is the individual's evaluation of the available opportunities and personal resources to engage in behaviour. Here, the TPB model suggests that where an individual believes that he/she has such control over the target behaviour, he/she is more likely to perform it. Within the context of homelessness and outreach service use, the more likely a homeless person perceives that he/she has control over service programmes (i.e., the time of start, content of the programme) the more likely he/she is to intend to participate in services.

As I mentioned earlier about PBC, Ajzen (1991), also believed that it can have a direct, un-mediated influence on behaviour. To explain this mechanism more fully it is necessary to review how Ajzen perceived PBC. Ajzen conceptualises that for PBC to predict non-volitional behaviour, it should reflect or incorporate a mechanism much the same as Bandura's self-efficacy construct (Bandura, 1977, 1982). Bandura's social cognitive theory (1977, 1982) postulates the important role that self-efficacy theory plays in personal agency, that is, an individual's appraisal of how well they can execute a behaviour. This, Bandura argues, directly determines its performance.

Consistent with Bandura's concept of efficacy, a number of studies show that where an individual's perception of efficacy is high, they exert more effort in overcoming behavioural challenges, and thus the behaviour is more likely to occur (see Stajkovic & Luthans, 1998 for a meta-analysis of studies which examine the impact of self-efficacy on work related performance). Stajkovic and Luthans (1998) weighted an average correlation across all studies within the analysis, and the result was .38, indicating that self-efficacy positively and strongly related to work-related performance. They suggested the result was good, especially when compared to the effects of personality trait constructs on work-related performance in organisational research. This additional information about efficacy sheds light on a gap in PBC, that is, a consideration of perceived capability, because a person is unlikely to engage in a challenging behaviour if they feel they do not have the capability to do so, regardless of available resources and opportunities.
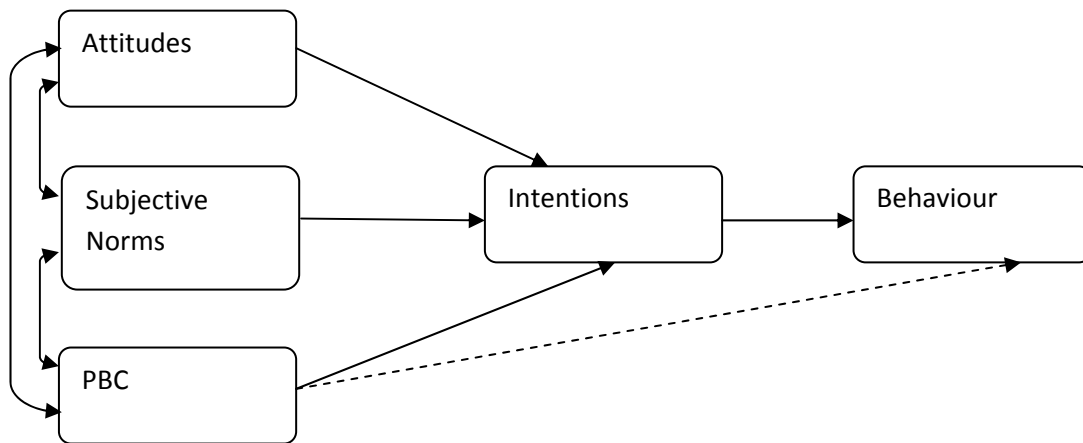
Figure 2. The Theory of Planned Behaviour (Ajzen, 1991 p. 182)

2.1 General Applications of the TPB

The TPB model has been widely used with considerable efficacy across a number of applied domains (see Armitage & Conner, 2001; Cooke & Sheeran, 2004; Downs & Hausenblas, 2005; Rivis & Sheeran, 2003 for meta- analytic reviews). These areas include *exercise behaviour or physical activity* (Blue, 2007; Dean, Farrell, Kelley, Taylor, Rhodes, 2007; Downs & Hausenblas, 2005; Dzewaltowski, Noble & Shaw, 1990; Everson, Daley & Ussher, 2007; Guinn, Vincent, Jorgensen, Dugas & Semper, 2007; Jones et al. 2006; Kimiecik, 1992; Martin, Oliver, & McCaughtry, 2007; Wankel, Mummery, Stephens, & Craig, 1994), *healthy eating* (Blue, 2007), *smoking* (Guo et al. 2007; Rise, Kovac, Kraft & Moan, 2008), *making health payments* (Burak & Vian, 2007), *managing rheumatoid arthritis* (Strating, van Schuur & Suurmeijer, 2006), *testicular self-examination* (McClenahan, Shevlin, Adamson, Bennett, & O'Neill, 2007), *condom use* (Fazekas, Senn, & Ledgerwood, 2001; Molla, Astrom & Brehane, 2007), *seeking cancer information* (Ross, Kohler, Grimley & Anderson-Lewis, 2007) *self-monitoring behaviour* (Shankar, Conner & Bodansky, 2007), *treatment attendance* (Orbell & Hagger, 2006), *driving speed behaviour* (Elliott, Armitage &

Baughan, 2007; Warner & Aberg, 2006), *occupational behaviour* (Arnold et al. 2006) and when *simulating behaviour change* (Fife-Schaw, Sheeran & Norman, 2007). In general, these studies show that attitudes, subjective norms and PBC all influence behaviour indirectly via intentions, and in some studies, PBC exerted its own direct influence on the behavioural domain.

However, some of these studies show that the model should be extended, such that the prediction of the TPB was improved with the inclusion of additional constructs. For example, in the domain of condom use, Fazekas and colleagues found that specific beliefs in relation to condom use (i.e., condom use does not destroy trust), and group norms, made unique contributions to the prediction of intentions. Furthermore, when applying the TPB to smoking cessation behaviour, Rise et al. (2008) found that the number of cigarettes smoked and planning ahead improved the fit of the TPB model. Thus, it seems that there are gaps in the prediction of TPB constructs on intentions and behaviour in certain contexts, which suggests that the model should be extended to obtain an adequate level of prediction.

2.2 Avenues for Extending the TPB Model

The TPB, an extension of the TRA, is the most popular attitude-intention-behaviour model with the greatest efficacy (Ajzen, 1988, 1991). However, the purpose of an established model is for researchers to test the applicability of the model in a variety of contexts, as shown in the last section of this review. However, not all applications of Ajzen's TRA and TPB have been successful, and even from the onset of their development, researchers have found that the postulated model does not entirely fit with their data. For example, in the 1970's and 1980's, Bentler and colleagues have shown evidence of alternative models to the TRA, postulating that attitude has a direct influence on behaviour in certain behavioural

domains, and that past behaviour may have an independent impact on intention and behaviour in some behavioural contexts (Bentler & Speckart, 1979, 1981; Speckart & Bentler, 1982).[1]

However, Ajzen (1991) also postulates that his models may not have good predictive utility within every situational context. Hence, he suggests that the TPB model is open for extension. A trend in the research during the 1980's and 1990's was, therefore, to investigate a host of additional variables that might enhance the amount of variance that the model accounted for in more complex situations, or with more complicated behavioural tasks. There was such an exposition of research pursuing this, that Connor and Armitage summarised the main concentrations of research interest in their 1998 review paper. The main areas of research interest fell into the following areas: belief salience, past behaviour/habit, PBC versus self-efficacy, moral norms, self-identity, and affective beliefs. Without a doubt though, the role of perceived behavioural control, affective processes, prior behaviour, and other potential moderators such as socio-demographics were of the greatest interest to the scientific community (Connor & Armitage, 1998). Below I review the research relating to these variables.

2.2.1 Social Identity and Self-Categorisation

One additional avenue to the TPB, which has received considerable attention over the past decade, has been social identity and self-categorisation (Turner, 1985, 1991). Social identity for the purposes of this thesis is defined as 'the aspect of a person's self-concept based on their group memberships; it is a person's definition of ''self'' in terms of some social group membership with the associated value connotations and emotional significance' (Turner, 1991, p. 8). Furthermore, self-categorisation-an important extension of SIT is the

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[1] Ajzen and Fishbein suggest that the influence of past behaviour is already captured within the attitude and subjective norm constructs.

cognitive process by which a person is aware of their membership within a group (see Abrams & Hogg, 1990). These constructs work to influence behaviour at the level of group processing, rather than individual processing as outlined in the TPB, that is, rather than acting in accordance with the self, the behavioural context examined may mean that actions are better served in accordance to group norms (i.e., how members of the group ought to behave). Therefore, social identification and self-categorisation may well increase the predictive fit of the TPB when included as an additional predictor of either intentions or behaviour. In the context of homeless people's use of outreach programmes, it would mean that social groups which are meaningful to the homeless person, where they adopt the groups' normative values, influences their service participation.

Social psychological studies have shown evidence for the predictive utility of identification when measured in addition to the TPB model, with identification accounting for a significant amount of the explained variance in intentions and behaviour (Christian & Abrams, 2003). Some suggest this is because the normative influence captured within subjective norms reflects a general social pressure from "most people who are important to me", whereas social identity is more specific, referring to specific people the individual identifies with (see Terry, Hogg & White, 1999, 2000). For example, Bagozzi & Lee (2002) conducted their investigation of the utility of social identity within the TPB, where the behavioural domain was 'eating lunch with friends' amongst a sample of students in the US and in Korea.[2] They proposed that the influence of social identification on intentions would be culturally specific, between individualist (i.e., the US) and collectivist (i.e., Korean) backgrounds. Participants completed a survey of TPB2 and identification measures.

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[2] Bagozzi and Lee (2002) did not measure PBC, because they felt it was not meaningful to the behavioural context of eating lunch with friends.

Attitudes towards performing the behaviour were measured with semantic differential items, and intentions and subjective norms were assessed using Likert type scales. Using a visual representation of perceived overlap between the individual's own identity, and the identity of the group, social identity/ self-categorisation was measured. Participants were also required to rate the extent of overlap between their self-image and the identity of the group of friends. Bagozzi and Lee (2002) used a goodness of fit estimate to test their TRA structural model with the inclusion of social identity as a determinant of intentions. Using chi-square difference tests they compared the model with, and without the inclusion of social identity, and found that social identity increased the explanatory power of the TRA for both Korean $(X^2_d (3) = 9.99, p < .02)$ and US $(X^2_d (3) = 19.73, p < .001)$ groups.

Within the context of homelessness however, there is evidence to suggest that social identity is a variable for inclusion to enhance the predictive utility of the TPB. Christian and colleagues have applied the TPB (including PBC)2 as an additional predictor of intentions and behaviour within the model (Christian & Abrams, 2003). Although prior homelessness studies showed interesting links between identity and homelessness (e.g., Farrington & Robinson, 1999; Snow & Anderson, 1987), Christian and colleagues argued that there was no systematic quantitative investigation into the link between identity and behaviour.[3] They conducted structured interviews consisting of TPB and social identity measures with homeless people. The use of outreach services was the behaviour addressed, as was meaningful to participants, and could be thought of as a group act such that social identity may have a substantial impact on intentions and behaviour in this context (see Bagozzi & Lee, 2002). Participants were recruited from support service facilities (i.e., drop in centres and a self-help initiative- 'The Big Issue') in Birmingham UK. Participants received the TPB and

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[3] Bagozzi & Lee (2002) did not examine a measure of behaviour.

social identity measures using mostly Likert type question items. Two levels of identification were assessed-general self categorisation as homeless, and identification with support services, both considered to be predictors of service outreach use, because in this homelessness context, both of these separate groups are in close call to the homeless person. Using hierarchical regression Christian and Abrams (2003) tested the TPB with the social identities as additional predictors of intentions and behaviour, and found a significant proportion of the variance was explained, showing that homeless people's perceptions of group membership can influence their engagement with homeless services.

Christian and colleagues continued their investigation of social identification influences within the TPB (Christian, Armitage & Abrams, 2003), testing the impact of both service user identity and friendship group identity on the use of housing support services. Participants were homeless people selected from housing and support services in South Wales. Participants were administered a structured interview containing the TPB and social identification measures of interest, which were assessed using scales (i.e., semantic differential or Likert scales). Hierarchical regression analysis was then used to examine the prediction of intentions, which identified PBC and friendship group identity as significant predictors. Then the prediction of behaviour was examined using hierarchical logistic regression (the behaviour was binary coded), revealing that behavioural intentions and service user identity were significant predictors of housing support use within the TPB model. The authors suggested the influence of identification was 'temporally stable' such that the need to maintain one's self-concept outweighed the impact of attitudes and subjective norms for this homeless population. Furthermore, that friendship group identity had no impact on behaviour suggests that homeless people may have a hierarchy of identities of which identification with housing support workers comes first, above any identification with friends. In all, the study

shows identification can explain variance above and beyond that accounted for by the TPB

model on its own.

To this end, several health care studies show that social identification/self-

categorisation components increase the predictive power of the TPB framework, within the

domain of *food choice* (Armitage & Conner, 1999), *physical activity* (Jackson, Smith &

Connor, 2003), *breast self-examination* (Mason & White, 2008), *breast feeding* (McMillian et

al. 2008), and *cannabis use* (Connor & McMillan, 1999). Using multivariate hierarchical

regression, these studies all demonstrate the important role of social identification/self-

categorisation constructs for the prediction of intentions and behaviour within the TPB.

Notably, a great majority of studies have used self-identity as an additional normative

measure within the TPB. Self-identity is derived from identity theory (Stryker, 1968,1987)

and refers to the self as a social construct which reflects the roles a person has in the social

structure (e.g., mother, blood donor, academic) (Terry, Hogg & White, 1999). Researchers

include it with the aim of tapping the influence of the wider social context on an individual's

behaviour, which links them to an identifiable social characteristic (Connor & Armitage,

1998). For example, Hagger and Chatzisarantis (2006) tested 30 different behaviours (e.g.,

going to the cinema, visiting friends, revising lecture notes) amongst a group of

undergraduates to examine the role of self-identity within the TPB. They proposed self-

identity may well play a role within the TPB because of its alignment to social identity/self-

categorisation (i.e., group membership conceptualisation), rather than subjective norms,

which does not consider the social groups of the individual. Hagger and Chatzisarantis

(2006) therefore ran a hierarchical regression to test the utility of the TPB with the inclusion

of self-identity. They found that self-identity when entered into the second step of the

analysis, significantly increased the amount of variance explained in intentions, after the TPB variables were included in the first step across the behaviours.

The similarity between self-identity and social identity can be summarised as (a) in both, the self is socially defined and (b) the individual behaves in accordance with groups/categories which varies in importance to a person's self-concept (Terry, Hogg & White, 1999). Although there is a notable difference, such that where self-identity can be considered an aggregated entity, social identity is that, yet in a self-inclusive group. Thus by measuring social identity, researchers gain an understanding of the individual's intra-group perceptions, which can also influence their behaviour (Terry, Hogg & White, 1999). Social psychologists are very interested in how group membership can influence the individual to behave in certain ways.

A behavioural phenomena emerging in the social identity literature is known as 'individualism' that is, where the individual perceives great overlap between personal and group characteristics it provokes anxiety and a need for increased interpersonal distancing (Hornsey & Jetten, 2004). Such a desire for personal distinctiveness and self-fulfilment means that the individual utilises various strategies to balance their need to belong within a group, whilst also ensuring they maintain a personal self that is somewhat different from other group members (Hornsey & Jetten, 2004). The strategies identified include (a) role differentiation, where the need for belonging is satisfied on the basis of serving the interests of the group as a whole, whilst distinctiveness is maintained where only one person can perform that role (b) identifying with an individualist group, where individualism is a function of group norms in that group (c) seeing oneself as loyal but non-conformist, where the individual denies they are influenced by group norms to protect themselves as differentiated and (d) seeing the self as more normative than other group members, where the individual

perceives themselves as more co-operative than others in the group (Hornsey & Jetten, 2004). In all, although the individual perceives membership within a group, they can still act in accordance with the self, ensuring distinctiveness to safeguard the self-concept.

Thus, drawing from these social and health psychology literatures which provide evidence for social identity/self-categorisation as an additional predictor of intention and behaviour within the TPB model, the work in this thesis hypothesises that social identity/self-categorisation will predict homeless people's intentions to use outreach services, when included within the TPB model (see Figure 3).

2.2.1.1Self-Esteem

Similarly, researchers also note that the individual can act in accordance with the self rather than the group, to maintain a positive self-esteem, thus, self-esteem is often an outcome of identification usually assessed when researchers examine social identification.   Within social identity theory, Tajfel and Turner (1979) also describe the individual's motivation behind group processing, which is to maintain or enhance self-esteem, or in other words, a positive self-concept (see Abrams & Hogg, 1990). Social psychologists are particularly interested in self-esteem within negative identity groups, because in this group context, striving for a positive self-concept based on the group membership, can be challenging (see Nyamathi, Leake, Keenen & Gelberg, 2000). Postmes and Branscombe (2002) show evidence for the positive impact that social identification has on well-being, that is personal and collective (i.e., group self-esteem). Interestingly, social identification had stronger effects on personal and collective self-esteem, than perceptions of self-categorisation, supporting that social identification consists of an affective aspect distinguishable from the cognitive nature of self-categorisation. Bergami and Bagozzi (2000) show evidence for affective processing, mediating the relationship between identification and behaviour in organisational settings,

such that citizenship behaviours amongst Italian workers was determined indirectly by identification. Thus, based on the evidence outlined, I hypothesise that self-esteem will be an additional predictor of homeless people's intentions to use outreach services within the TPB model (see Figure 3).

2.2.2 Affect

There is mounting evidence that shows a range of affective variables, particularly anticipated regret , which all improve the utility of the TPB model within a health domain (see Abraham & Sheeran, 2003, 2004; Bagozzi, 1992; Bagozzi, Dholakia, & Basuroy, 2003; Bagozzi & Kimmel, 1995; Connor et al. 2006; Connor et al. 2007; Cooke, Sniehotta & Schuz, 2007; Evans & Norman, 2003; McMillian, Higgins & Connor, 2005; Parker, Manstead & Stradling, 1995; Moan, Rise & Andersen, 2005; O'Connor & Armitage, 2003; Perugini & Bagozzi, 2001, 2004; Rapaport & Orbell, 2000; Richard, van der Pligt & de Vries, 1995; Sandberg & Connor, 2008 for a meta-analysis). Under conditions which are particularly negative and emotion arousing, such as, para-suicide, that is, deliberate self-harm (O'Connor & Armitage, 2003), smoking in the presence of children (Moan, et al. 2005), HIV preventive behaviour (Richard, et al. 1995, 1995), emotions may carry greater weight on intentions and behaviour than social cognitive constructs. Also, the organisational literature has shown evidence for the influence of affect on work related behaviour. For example, Thoresen, Kaplan, Barsky, Warren & de Chermont, (2003) conducted a meta-analysis of literature which explored the effect of positive affect (i.e., enthusiastic, alert, active, energetic) and negative affect (i.e., anger, guilt, fear, nervousness and subjective stress) on an individual's job related attitudes, and turn over intentions (i.e., intentions to leave the job), hence drawing on the TRA. Their findings confirmed both positive and negative affect both act as predictors of job

related attitudes and turn-over intentions.[4] More recently, a further meta-analysis

investigation of the effect of positive and negative affect on job performance found that

positive affect was positively related to job performance (e.g., supervisory ratings), and

negative affect was related negatively to job performance (Kaplan, Bradley, Luchman, &

Haynes, 2009). Thus, there is a growing body of literature to suggest that measures of affect

will be sufficient mediators or moderators within the TPB model, and so this is incorporated

into this thesis work (see Figure 3).

However, we acknowledge that some contexts are unlikely to provoke negative

emotions strong enough to outweigh the TPB constructs, such as *exercise behaviour or*

physical activity (Blue, 2007; Dean et al., 2007; Downs & Hausenblas, 2005; Dzewaltowski

et al., 1990; Everson et al. 2007; Guinn et al., 2007; Jones et al., 2006; Kimiecik, 1992;

Martin et al. 2007; Wankel et al. 1994), and *healthy eating* (Blue, 2007) because the

behaviours are not essentially downbeat, unlike Ajzen (1991) who would argue that any

affective influences should be absorbed by TPB variables. Yet, it could be that the

relationship between intentions and attitudes, subjective norms, or PBC is mediated by

emotional significance to the individual, such that attitude-intention is mediated by the

emotional significance of evaluative appraisals, subjective norms-intention is mediated by

emotions associated with the appraisal given to the behavioural norm, and PBC is mediated

by the emotional significance of controlling the behaviour (see Bagozzi, 1992). This would

result in the individual deciding to engage in behaviour on the basis of how it will make them

feel directly, that is, after evaluating the behaviour (attitude) and weighing up the level of

social pressure (subjective norms) and personal control (PBC) attached to the behaviour, the

individual must feel happy (affect) enough to intend to perform the behaviour.

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[4] Although positive affect did not determine turn over intentions (Thoresen et al. 2003)

2.2.2.1 Affective Processing and the Context of Homelessness

Within the context of homeless people's service use-one might argue that prior social psychological studies have begun to pick on the emotions that homeless people felt as a result of their homelessness circumstances, and so have established some interesting patterns, having examined norms such as 'identification with support workers' and 'attitudes to institutional authority' (i.e., alienation from authority figures such as the police) (see Christian & Abrams, 2003). These constructs contributed to the prediction of homeless people's outreach service use, and thus provide further evidence for the inclusion of affective constructs within the TPB model. However, there are gaps in this work, such that a specific affective variable has not been examined within the TPB in the context of homeless people's service use.

Furthermore, one of the general observations that can be made concerning the TPB literature and the role of affect in the model, is that the affect included in the model is generally seen as positive or that which might strengthen motivation. However, the TPB model is a model of social cognition, and within the context of homelessness, one might plausibly argue that negative affect could play an important role in shaping intentions and behaviours. Also, negative affect could presumably moderate all the psycho-social variables in the model, given that negative affect such as depression for example, is widely known to inhibit cognition. There is a growing body of research evidence showing that homeless people suffer with higher rates of depression than the general population (Cohen & Burt, 1990; DiBlasio & Belcher, 1993; Pluck et al. 2008; Rayburn et al. 2005).

For example, one of the main clinical problems associated with depression is that it reduces the speed of information processing, and has been documented to alter social perceptions and interpersonal functioning (Hammen, Brennan & Keenan-Miller, 2008; Petty,

Sachs-Ericsson, Joiner & Thomas, 2004; Vranceanu, Gallo & Bogart, 2009; La Gory, Ritchley & Mullis, 1990). As such, it is conceivable to believe that depression could exert either a moderating effect on all traditional TPB variables, such that those with higher rates of depression can affect cognitive appraisal of interaction with others or alternatively it might only have a direct effect on behaviour such that interaction with others is avoided.

Connor and colleagues (Connor et al. 2007) include anticipated regret within the TPB when examining individual's adherence to driving speed limits, finding that anticipated regret contributed to the variance explained in intentions. Connor and colleagues also examined smoking initiation amongst adolescents, applying the augmented TPB (with the inclusion of anticipated regret) to the health domain. They found that anticipated regret was the strongest predictor of intentions when traditional TPB variables were controlled for (Connor et al. 2006, also see Parker, Manstead & Stradling, 1995). In all, the results from Connor and colleagues are interesting, proving evidence for the extension of the TPB to include constructs of regret. However, the contexts where anticipated regret has been examined are those where negative behaviours are examined, where the idea is to prevent the prevalence of such actions. However, within the context of homeless people's service use, the idea is to encourage (i.e., increase the intensity/frequency) of service participation, to facilitate housing stability in the long-term. So it would be against the purpose of this thesis to ask homeless people if they would 'regret' taking part in services when the idea is to encourage the behaviour.

While anticipated regret is something that might be pertinent to homelessness, further piloting suggested that a more central variable for the homeless population was depression, as there is a long research tradition linking depressive episodes to homelessness experiences (see Banyard & Graham-Bermann, 1998; Bogard, Trillo, Schwartz & Gerstel, 2001; Rayburn et al. 2005; Kidd & Carroll, 2007; Klitzing, 2003, 2004; La Gory et al.1990; Nyamathi, Stein and

Bayley, 2000; Rayburn et al. 2005; Tischler, Rademeyer & Vostanis, 2007; Tischler & Vostanis, 2007; Votta & Manion, 2003, 2004; Whitbeck, Hoyt & Bao, 2000), such that depression is a common emotion felt by homeless people as a result of issues in relation to homelessness (i.e., housing instability, unemployment, loss of social contacts).

As suggested earlier, homeless people may cope with disadvantage by socially distancing themselves from others (see Hornsey & Jetten, 2004). This may include the use of 'individualism' within a group setting so to fulfil a desire for distinctiveness within a social group, whilst still knowing that he/she belongs to that social group. Other forms of coping also identified in the literature amongst homeless people include, mechanisms such as *fantasising about the future,* where the individual reflects on a positive housing future for themselves (Hill, 1991), *confrontational approaches to problems,* where he/she attempts to tackle the problem head-on rather than using palliative strategies (i.e., making a problem less severe without solving it) (Banyard, 1995), *emotion or problem focused coping*, that is, either focusing on feeling better, or focusing on tackling homelessness issues (Kidd & Carroll, 2007; Nyamathi et al. 1998; Tischler & Vostanis, 2007; Unger et al. 1998), *diversionary activities,* that is, distracting oneself from stress by, for example, taking part in leisure activities to relax (Klitzing, 2003, 2004), *self-medicating with drugs,* to feel better (Klee & Reid, 1998a, 1998b), *a disengagement coping style*, where the individual prefers not to reflect on their experiences (Votta & Manion, 2003), and *distancing and denial strategies*, involving a lack of association with other homeless people (Rokach, 2005).

Although interesting, when taken together, the literature on homeless people's coping strategies describe 'physical' strategies, such as *self medicating* (e.g., Kidd & Carroll, 2007) or *taking part in leisure activities* (e.g., Klitzing, 2003), rather than psychological strategies that homeless people have as a member of a vulnerable or stigmatised group. Thus the

evidence gives reason for including a different measure of coping whilst examining homeless people's intentions and behaviour towards outreach service use. It is thought that a more cognitive style of coping strategy will associate well with the traditional TPB components under study, and in doing so, will shed further light on how homeless people manage their present circumstances.

2.2.2.2 Coping Strategies (Thinking Styles)

As I alluded to above, the experience of coping is inherent in the negative experience of homelessness (Banyard, 1995; Hill, 1991; Kidd & Carroll, 2007; Klee & Reid, 1998a, 1998b; Klitzing, 2003, 2004; Nyamathi et al. 1998; Rokach, 2005; Tischler & Vostanis, 2007; Unger et al. 1998; Votta & Manion, 2003). Coping often coincides with affect in homelessness literature, to show how the individual maintains a positive perception of self in the face of negative circumstances. However a gap in investigations exists, such that coping has not been investigated to show how the individual determines a way out of the negative circumstance, preventing it from re-occurring. It is plausible to suggest that coping to prevent negative situations is more beneficial to the individual in the long-term, than coping to feel happier about oneself at present. Thus, in this thesis I examine the influence of coping within the TPB model, and for this purpose I use a cognitive construct of coping (i.e., a thinking style of coping) because it taps a preventative 'way out' of negative experiences, and, as it a cognitive construct, it should fit well within the TPB model. Specifically, I use counterfactual thinking as a tool for assessing thinking styles of coping because it explicitly captures the individual's preventative thoughts on a negative situation. Since homelessness is a negative experience, I expect homeless people to think counterfactually about it, and use this to determine their decision to use services to access permanent accommodation. A fuller explanation of counterfactual thinking is detailed below.

Briefly, Roese and colleagues summarised counterfactuals as, mental representations of alternatives to past events which can produce beneficial and aversive consequences for the individual (see Roese, 1994, 1997; Roese & Olsen, 1995). According to Roese and colleagues, there are two types of counterfactuals: upward and downward counterfactuals. Concerning upward counterfactuals, individuals are said to consider alternative outcomes that are better than actuality, whereas in downward counterfactuals, individuals are said to consider alternatives to be worse than they actually are. For example, 'when Mary looks back at her anniversary dinner, she can think that it could've been better (e.g., "if only we had gone to a finer restaurant"- upward counterfactual), or that it could have been worse (e.g., "Good thing we didn't get a flat tire on the way to the restaurant"- downward counterfactual).' (Roese, 1997 p.134). Upward counterfactuals are said to evoke more negative feelings than downward counterfactuals, yet they are the type which serve a preparative function, prescribing more efficacious behaviour for the future (see Roese, 1994; Roese, 1997; and more recently Mandel, 2003). Downward counterfactuals are said to evoke more positive feelings, and people typically engage in them to make themselves feel better, although downward counterfactuals do not help with future performance (Roese, 1994). For this reason, this thesis does not examine downward counterfactual thoughts (only upward counterfactuals) because they would not fit within the remit of the TPB, which is to encourage behavioural performance.

Early studies of counterfactual thinking (Landman & Manis, 1992) showed that counterfactual thoughts occur frequently among normal adults, meaning that the general population are known to produce counterfactual thoughts to a variety of negative experiences. Participants reported that they would do something differently if they had their lives to live over, which demonstrates an upward counterfactual thinking style. The common

counterfactual themes reported in various real-life domains pertained to early marriage, inadequate education, and unsatisfactory interpersonal relationships (Landman & Manis, 1992). Also, unusual decisions and events that were unusual and proved less than ideal, or those which closed off important life options, generated upward counterfactual thinking (Landman & Manis, 1992). Thus, although counterfactual thoughts are yet to be examined amongst homeless people, there is no reason to suggest that homeless people may not generate them in relation to life events.

In another stream of research, counterfactual thinking has been linked with well-being measures such as self-esteem, an avenue advanced by group processes researchers in an effort to better understand the relationship between the individual and social identification (Branscombe, Wohl, Owen, Allison, & N'gbala, 2003; Sanna, Meier & Turley-Ames, 1998). Interestingly, this line of research has also explored contributions of depression (Markman & Miller, 2006), perceived control (Branscombe et al. 2003), mood (Sanna et al., 1998), and self-efficacy (Tal-Or, Boninger & Gleicher, 2004) task performance (e.g., Nasco & Marsh, 1999; Roese & Olson, 1995) and self-enhancement (White & Lehman, 2005) on one's ability to engage in counterfactual thinking, which it could be argued diminishes with the effects of negative affect and absence of control over one's environment.

In sum, by assessing upward counterfactual thinking amongst homeless people and including it as an additional predictor of intentions towards service use, (see Figure 3) I expect to gain a further understanding of what influences service use outside the constructs proposed by the TPB. I expect a greater generation of upward counterfactuals to be associated with stronger intentions within the TPB because being able to picture a way out of negative experiences fits with using service facilities, which are that way out of homeless experiences.

2.2.3 Past Behaviour

According to the TPB, psycho-social variables should mediate the effect of past behaviour on future behaviour. Yet, as Conner and Armitage (1998) demonstrate in their review of the literature, past behaviour has accounted for considerable variance in intention and behaviour, after TPB constructs have been controlled for. Others have also echoed this (Aarts, Verplanken & van Knippenberg, 1998; Araujo-Soares et al. 2009; Boudreau & Godin, 2007; Jackson et al. 2003; Norman & Connor, 2006; Ouellette & Wood, 1998). For example, Aarts and colleagues (1998) show evidence for the notion that when repeated in the past, it becomes a habit (i.e., an automatic process, rather than a deliberative evaluation) and so past experience influences behaviour without mediation by cognitive processing (i.e., intentions). The idea is that when specific target behaviour is performed repeatedly, reasoning and planning are no longer required. Instead, situational cues are activated and in turn an adequate mental representation of the behaviour is formed, resulting in the initiation of the behaviour (Aarts et al. 1998). This means that prior behaviour can offer an alternative route for understanding the performance of behaviour within the TPB model.

Additional evidence for this has also been offered by Ouellette and Wood (1998) in their meta-analysis of the past behaviour-future behaviour relationship. Here, the researchers illustrated that in six out of six studies examining the influence of past behaviour, after controlling for perceived control and intention, the average effect size is $r = .88$. Furthermore, when predicting intention, Ouellette and Wood (1998) found that in 19 of 22 studies examined, past behaviour predicted intention after attitude and subjective norm had been controlled, $r = .25$. Therefore, prior behaviour is shown to offer a further explanation of behavioural intentions within the TPB model. Certain health domains also support this

finding, such as *physical activity* (Araujo-Soares et al., 2009; Boudreau & Godin, 2007; Jackson et al. 2003), and *binge drinking* (Norman & Connor, 2006). Taken together, these findings indicate that past behaviour can predict the performance of that behaviour in the future.

So, in the context of homeless people's service use, I hypothesise that their prior experience of service use will influence intentions to participate in present service programmes within the TPB model (see Figure 3). Unfortunately, for some homeless people, service use is a continuous cycle, and so I propose that where the homeless individual is comfortable with the service, and is already familiar with the positive outcomes of service use (e.g., shelter, food, companionship) they will 'automatically' participate again without needing to weigh up their appraisal, normative influence, or level of control in relation to service use, as the TPB postulates.

2.2.4 The Role of Socio-demographic Characteristics

Socio-demographic characteristics, in the context of homeless people's service use, would be important to observe, particularly because there are arguments for service segmentation on the basis of gender, age, and ethnicity in the UK. However, Ajzen suggests that psycho-social variables should mediate the effects of socio-demographics on behaviour (Ajzen, 1988), yet this does not always happen. To date, a handful of studies have explored the role of socio-demographic characteristics on intention-behaviour outcomes, and in doing so, refute Ajzen's suggestion. For example, Blanchard et al. (2003), in a study of exercise behaviour, found that ethnicity and gender interact, moderating the attitude- intention relationship within the context of women's exercise routines. Similarly, Nigg et al. (2009), also investigating health behaviour, reported that age and ethnicity influenced attitude,

subjective norms and PBC. Yet, there was relatively little impact of age or ethnicity on the strength of the intention-behaviour relationship (Nigg et al., 2009). It was only slightly higher for Western women–thus the investigators concluded that this might result because (within the context of health behaviours) Western women are more likely to place a higher value on their body image and in turn are more likely to allow their intentions to guide behaviour.

Another test of socio-demographics on TPB variables was carried out by Christian and Abrams (2004). In a study of homeless people's service use in the US and the UK, Christian and Abrams (2004) found that all TPB variables mediated the effects of socio-demographics on both intentions and behaviour. In the US sample, there were no significant correlations between socio-demographic variables and behaviour, meaning there was no scope for TPB variables to mediate between them, although marital status was an exception. Marital status correlated with intention, but mediation analyses showed that its effect on intention was fully mediated by TPB constructs. In contrast, the UK sample revealed that age correlated with intention and attitude, yet mediation tests showed that the age-intention relationship was not mediated by attitude. In conclusion, the authors suggested the findings demonstrate the importance of psychological processes in homeless people's behaviour, rather than social characteristics. Reasons why this may be the case in relation to the 2 service use contexts are discussed in the next section of this thesis. However, the conflict in findings (i.e., that socio-demographics do, or do not mediate the effects of TPB constructs on intention and behaviour) may reflect the type of behaviour in question such that, where an exercise behaviour (e.g., attending an aerobics class) is categorised by gender (e.g., women only) the socio-demographic construct of gender may be strong enough to out-weight the TPB variables. In the context of homelessness, I hypothesise, that where service use is categorised by either gender (e.g., single men only), ethnicity (e.g., Asian community only), or age (e.g., youth

aged 16-25 only), these aspects of service bureaucracy out-weigh the TPB variables, thus I will test for this in the present thesis by including them as additional predictors of intention within the TPB model utilised (see Figure 3).

2.2.5 A Hypothetical Model of the Additional Variables Included within the TPB
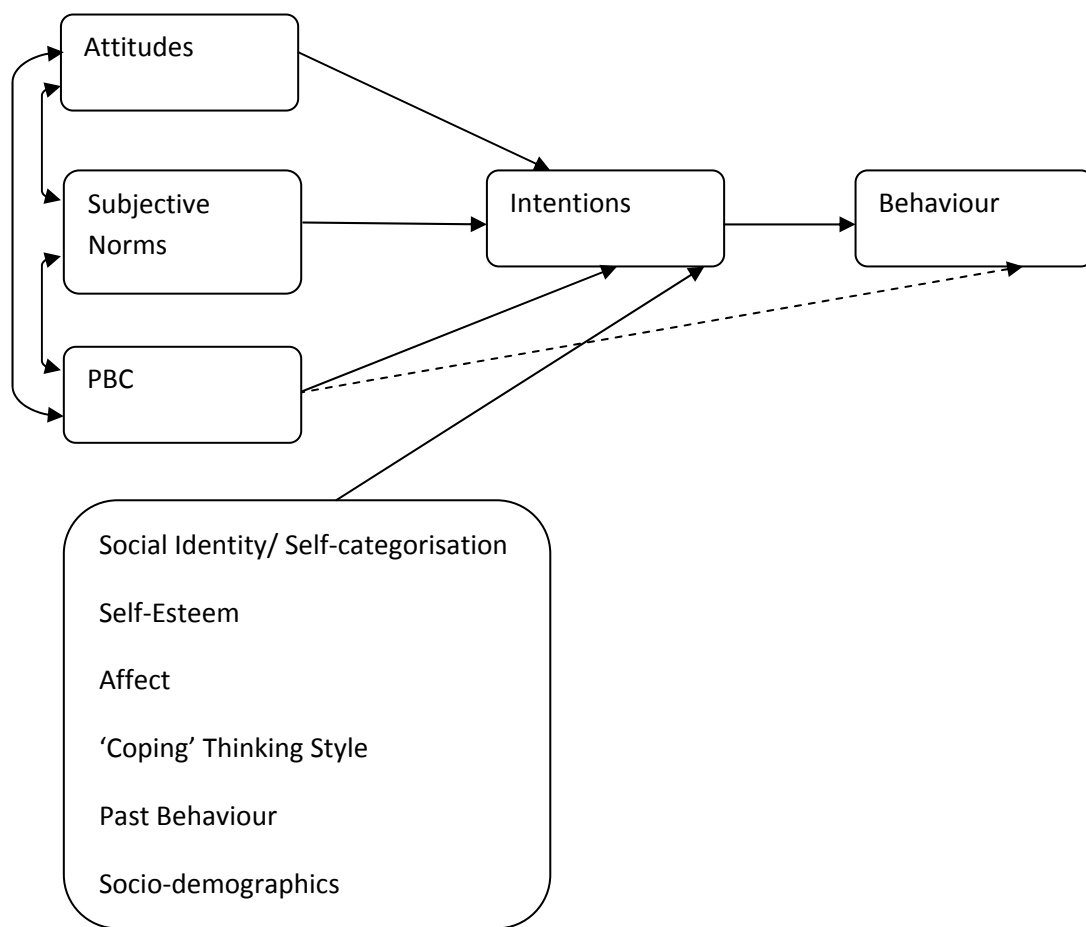
Figure 3. A Hypothetical Model of Additional Variables Included within the TPB

2.3 Applications of TPB and Social Psychological Models to Issues Surrounding Homelessness

To the best of my knowledge, Harrison (1995) was first to apply the TPB to the context of homelessness, where male volunteers' motivation and volunteering behaviour within homeless shelters were examined. The questionnaires tapped intentions, attitudes, subjective norms, and PBC, as well as other variables relevant to the behavioural context of volunteering (e.g., satisfaction, and demographic information–age and number of children). The behaviour measure was assessed through attendance observations of each volunteer. Using hierarchical regression, Harrison (1995) found that intentions predominated prediction of behaviour, whereas attitudes, subjective norms and PBC did not contribute to prediction. Harrison (1995) showed further evidence to support the TPB, such that attitudes, subjective norms and PBC explained a unique portion of the variance in intentions.

In a later study, Wright (1998) applied the TRA to issues surrounding homelessness. Wright (1998) analysed data from a longitudinal sample of homeless people to determine whether intentions (i.e., their plans to leave the streets) predicted rates of 'exiting the streets' (i.e., entering conventional housing on their own or with family or friends) (Piliavin, Wright, Mare & Westerfelt, 1996). He found that homeless people who planned to secure their own accommodation at Time 1 (i.e., first interviewed), had a higher rate of having done so by Time 2 (i.e., whether they had left the streets for conventional housing). Wright (1998) reported that the findings were consistent with the TRA model, such that homeless people's intention to leave 'the streets', could have an effect on whether they enter housing or housing programmes. While the pattern of findings is important because it supports the use of the TRA model within this context, there is a major shortcoming in that Wright included no direct measures of attitudes or subjective norms (and there was only a proxy measure of intentions).

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Closer to the domain of the current research, Christian and colleagues have conducted a series of studies applying the TPB and other models of group processes to issues surrounding homeless people (Christian & Abrams, 2003, 2004; Christian & Armitage, 2002; Christian, Armitage & Abrams, 2003, 2007). Christian and Armitage (2002) used the TPB model as a framework for predicting participation in housing outreach service in South Wales. The researchers reported that personal attitudes and prior behaviour significantly predicted intentions to take part in intervention programmes, explaining 46% of the variance ($p < .05$). In contrast, intentions, PBC and subjective norms significantly predicted behaviour. Thus, when aiming to increase the intentions of homeless people to use outreach services, the researchers advocated that service providers should draw attention to the benefits of using such programmes. The strong normative findings highlighted the extreme stigmatisation of homeless people, and revealed that to some extent their participation in programmes appeared to be linked to their relationships with the service providers (Christian & Armitage, 2002). They proposed further investigation into the influence of social factors on homeless people's behaviour, such as the role of norms when identifying with a stigmatised group (i.e., when a person adopts homelessness as a 'social identity') (also see Christian & Abrams, 2003; Christian, Armitage & Abrams, 2003; Farringdon & Robinson, 1999).

But, Christian and Abrams (2003) questioned whether the initial findings in Wales were robust or whether they were an artefact of the regional location. To further investigate this Christian and Abrams (2004) applied the TPB to homeless people's use of outreach programs. Participants were sampled from both London and New York. Using hierarchical regression, they found that in London, attitudes, subjective norms and PBC predicted intentions amongst the homeless sample (although attitudes accounted for the largest proportion of the variance). Furthermore, they found that intentions predominated the

prediction of behaviour, with smaller contributions made by subjective norms and PBC. In comparison, when the New York sample was analysed, intentions were explained by attitudes, PBC and age, and behaviour were predicted by intentions, PBC and ethnicity. Taken together, subjective norms were weighted more strongly in London, yet attitudes had greater influence in New York. Christian and Abrams (2004) suggested that New York has perhaps a more individualistic culture, and thus people are less interdependent on others there than in London. Alternatively, they suggested that the difference could reflect the structure of homeless service provisions in the two cities that is, there may be a context effect influencing the effect of the TPB variables. In London, there is a trend for services to accommodate for social activities and sustained long-term relationships with services, whereas in New York, the impetus is to adhere to homeless people as individuals and so opportunities for socialising are not encouraged.

Then, Christian, Armitage and Abrams (2003) returned to South Wales for the purpose of examining an important methodological question. That is, are the determinants of intention and behaviour subject to temporal change. To further examine this, at Time 1, homeless people were administered a questionnaire interview containing the theoretical measures, that is the TPB and social identification measures. At this time point, the researchers reported that PBC and friendship group identity (i.e., participants' perceived level of identification with friends) were found to predict intention, explaining 48% of the equal variance ($p < .01$); while at Time 2, intentions and service user identity predicted the use of housing support interventions 1 year on. The findings saw that there could be a potential difference in the variables needed to initially attract homeless people to use services, versus what is necessary to help them continue to engage fifty-two weeks later. Also, the fact that homeless people identified with their homeless peers more at Time 1, while identifying more with outreach

workers at Time 2 may well indicate that they are considering workers in their friendship groups because their friendships with them are more likely to remain stable over time.

Finally, Christian and Abrams (2003) employed the TPB and social identity theory/self categorisation perspective to examine the uptake of outreach services in Birmingham, UK. They measured identification with other homeless people, with service user community, and with support workers. Christian and Abrams (2003) found subjective norms, PBC and identification with support workers explained 60% of the variance in intentions. On the other hand, attitude, subjective norms, social identity as homeless, and identification with support workers accounted for 37% of the variance in behaviour. Most notably, however, a significant interaction effect between subjective norms and intention was also found, demonstrating that when subjective norms were weaker, intention had a greater impact on behaviour (Christian & Abrams, 2003).

In all, the series of studies conducted by Christian and colleagues demonstrates the utility of applying the TPB and models of group processes within the domain of homelessness and housing research. They also illustrated that robust tools can be designed and implemented drawing on these frameworks. The studies indicate that psycho-social variables mediate the effects of socio-demographics on behaviour. This is good news because psycho-social variables are more malleable and therefore subject to change, while socio-demographic factors are more static and much more resistant to change interventions.

However, there are a number of methodological gaps in the social psychological literature remaining, particularly in the context of homeless people's use of service provision. Firstly, what needs to be addressed is a small scale assessment of the perceptions, motivations and affective functioning of homeless people. Studies to date utilise lengthy questionnaires/

interview schedules to measure the constructs of interest, whereas in practice lengthy assessments are not always possible due to high service user numbers and demand. Thus, I aim to examine the utility of single item TPB, identification and affective measures for practical purposes, whilst also shedding light on the utility of these theoretical models in more concise versions.

Secondly, the social psychological research into homeless service use (i.e., Christian and colleagues) generally assesses global measures of service use behaviour. However, in practice homeless services in the UK facilitate a number of different activities such as accessing training/employment, and social activities in addition to housing. It could be, that a context effect (i.e., when different behaviours are in question) the effect of TPB, identification and affective variables on intentions and behaviour is variable. Thus, I aim to examine an index measure of homeless people's service use behaviour to see whether the constructs of interest determine these behaviours in different patterns.

Lastly, although social psychological literature on homelessness has gathered data from homeless participants from different time points, a longitudinal investigation with the inclusion of an intervention has not been addressed. Based on the findings that the TPB successfully predicts intentions and behaviour in homeless service use contexts, social psychological studies are yet to materialise the information into an intervention. Thus, I aim to conduct analyses of homeless people's service use behaviour, and use this information to inform an intervention-a novel contribution to the social psychological literature of homeless service provision.

Chapter 4

Study 1

Exploring Service Perceptions of Young Homeless Mothers in Solihull: A Preliminary Investigation

1.0 Introduction

Researching issues surrounding homelessness and service utilisation can present some unique challenges for the researcher, many of which require solutions that are not well documented in the larger housing and homelessness literature. Cultivating the skill-set needed to conduct studies in this diverse urban environment is an essential part of the research training required to successfully complete a PhD in this domain. Therefore, the aim of this initial empirical chapter is to fine tune research methods and applications that will be used later in this programme of research.

As I already stated, while there are a number of research publications on homelessness, there is a dearth of work offering practical guidance on implementing research methods with homeless people. Therefore, it was appropriate to run a pilot study at the outset of this research programme, drawing together some of the more insightful pieces from the wider social science literature, to develop a skill for research methods and designs with homeless people. In this chapter, I will report some of the procedures and lessons I learned from this experience, which I used to later shape the choice of methods, theory constructs, and research techniques that are employed throughout this thesis.

1.1 The Present Research

Homelessness and poverty research have been a long standing topic of concern in the UK, where systematic scientific efforts have explored the lives of the poor and homeless dating back to Rowntree's (1901) writings. Although surprisingly little is published–in the UK–on the use of research methods for investigating issues surrounding homelessness. In a seminal review of scientific traditions and methods, Fitzpatrick and Christian (2006), identified gaps in the UK literature and suggested that there were essential lessons to be learned by developing stronger, more robust survey and longitudinal studies to investigate issues surrounding service provision for homeless people.

A number of core papers on methodology development and the contextualization of measures for use with homeless people were published in the early and mid 1980's, amongst a flurry of other papers on homelessness that appeared at that time (e.g., Milburn & Watts, 1985-1986; Johnson, 1989). These papers advocated methodological issues such as (a) determining the difficulties in obtaining prevalence figures of homeless people, (b) identifying problems in obtaining a random sample of homeless people (Milburn & Watts, 1985-1986), and (c) considering what might be appropriate content for use with the homeless population (Fitzpatrick, 2000; Fitzpatrick et al. 2000; Toro et al. 1991, 1997). Other issues referred to the quality of studies in terms of sophistication, content and rigour (Johnson, 1989).

However, an interesting and pioneering piece of research was conducted by Bahr and Houts (1971) which compared the responses of homeless men when interviewed, to factual information about them held on official records. They found that the homeless men were not untruthful in the responses they gave to the interviewer (when compared to other

disadvantaged groups) but, they noted that we should be aware of a potential incapacity to provide accurate information, particularly when the information sought is complex. They identify physical and mental illness as a potential reason for this, as well as a disorientated lifestyle, thus they note that researchers should be aware of the potential for invalid responses (Bahr & Houts, 1971). Therefore, on the basis of studies which highlight methodological concerns and contextualisation issues when conducting research with homeless people, particularly the work of Bahr and Houts (1971), this study serves a training purpose for the novel social psychological researcher into homelessness issues, where they may reflect on the methodological and research design challenges that working with this population may bring.

Furthermore, the training purpose of this piece of research was linked to the local area's 'Learning Skills Council' project funding, but this still provided an excellent opportunity to fine-tune methods and applications that would be used later in this programme of research. This link meant that service staff within the recruiting sites (i.e., in the form of a focus group), had great input in to the sort of information that was accessed from their homeless clients. The information they required surrounded clients' use of learning skills services, how effective homeless clients felt the services were, and whether they had any suggestions for service improvements.

When considering the input of service staff, there are 2 phases to the research. The first was concerned with holding a focus group with staff members to inform the design of a questionnaire to evaluate the service provision. This Phase supported my training as I learned the local context of homelessness experienced by young homeless mothers.[1] In Phase 2, a single focus group and individual interviews with young homeless mothers were carried out

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[1] Young homeless mothers were the sub-population of homeless people examined in this study, due to the study's link to the Learning Skills Council which offered a majority of assistance to young homeless mothers in temporary supported accommodation.

as a training exercise for the researcher in the administration of such tools, and, to test the relevance of social psychological theory to their perceptions of service use. The measures derived from the theory of planned behaviour (TPB) and social identity theory/self-categorisation theory (SIT/SCT) were piloted, and the final schedule was administered to young homeless mothers, who agreed to participate. Yet, while such in-depth quantitative and qualitative investigation does not allow for straightforward generalisation of findings as in statistically representative research, the careful conceptualisation of key causal mechanisms, and their abstraction from the case studies, permitted extrapolation of the central findings on theoretical grounds, which is important as the remaining studies of this thesis are based on social psychological theories.

2.0 Method

2.1 Phase 1: Allowing for Service Evaluation whilst Establishing the Local Context

I conducted a focus group with 3 (statutory and voluntary sector) key informants in contact with people experiencing homelessness and exclusion (including at least one from each partner agency and other informants they identify as playing a significant role in local service provision). The focus group investigated local agency perspectives on the causation of homelessness amongst young mothers, and facilitated an incorporation of the *'folk wisdom of practitioners'* (Pawson & Tilley, 1997, p.107) into the researchers' understanding of the local structural context for homelessness. The most common causes of homelessness identified for young mothers were (a) relationship breakdown (with either family members or their intimate partner), and (b) overcrowding in the family (as a result of their pregnancy). Key informants also identified a lack of familial support as a major housing instability contributor, and so the majority of service provision available to young homeless mothers was directed at amending ties

with family, or 'stepping in' for family where this was not possible (i.e., providing a secure and safe place to stay, teaching independent living skills where needed, providing access to training and employment, and general life advice.

2.2 Phase 2: Developing In-depth Structured Interview Measures

2.2.1Participants

The participants in this study were 17 young homeless mothers ranging in age from 16 to 23 years ($M = 19.59$, $SD = 1.87$), who had applied for, and were receiving, housing and support assistance from Solihull Council, West Midlands, England. The young homeless mothers were predominantly: White British (71%), with 1 child in their care (82%), (18% had given birth to 2 children, though only 1 was in their care), who reported having some secondary school education (71%). The majority of participants were experiencing homelessness for the first time (59%). They also indicated that their pregnancies were unplanned (88%), but most had healthy children and had no complications during childbirth (82%). The majority of young mothers also had some form of qualifications (e.g., NVQs, GCSEs) (71%), although only 11% were either in higher education or employment at the time of contact.

Surprisingly, all participants reported other triggers associated with their current homelessness, in addition to their pregnancy. These circumstances included (a) overcrowding within their family home (41%), (b) disagreements with family members (41%), and (c) relationship breakdown (i.e., with an intimate partner) (18%). Consequently, at the time of interview, 59% of participants were residing within housing accommodation with a strong staff presence (i.e., intensive support, where staff are on call 24 hours a day/7 days per week); and 41% of participants had moved on from the high support accommodation and were

currently living in council or privately owned accommodation, receiving 'floating support', that is, periodical support from housing association staff to provide life skills guidance. In all, participants had held their current tenancies for an average of 380 days.

2.2.2 Recruiting Procedures

All young homeless mothers were recruited from accommodation facilities operated by Bromford Housing Association, Solihull, West Midlands, England, or ones in which Solihull Council had contracted floating support services from Bromford Housing Association. Participants were recruited for focus group and individual interviewing. The focus group (*N* = 7) took place at one of the supported accommodation sites, and so it was more convenient for participants residing at this site to be recruited for that. Individual interviews (*N* = 10) were to be conducted with any young mother receiving assistance from Bromford Housing Association in Solihull. So, participants receiving floating support within private or council tenancies were also recruited in addition to those residing within Bromford supported accommodation sites.

Invitation letters were posted to each of the young mothers. The letter outlined information about the research project, and asked if they would be willing to take part in the study. After a fortnight past, potential participants received a follow up telephone call. Appointments were then set with those agreeing to take part in the study. Overall, there was an 83% rate of participation from those residing in intensive support accommodation facilities; and a 58% rate of participation from those residing in council or private accommodation, receiving floating support.

2.2.3 Measures

Prior to collecting data, a pilot interview schedule was complied, containing topics believed to be useful to tap attitudes, social perceptions, and service evaluations of the young mothers. Topic items included a range of service related questions, but were also balanced with theoretical measures, derived from the TPB and SIT/SCT that had been drawn from previous research (see Christian & Abrams, 2003, 2004; Christian & Armitage, 2002; Christian, Armitage & Abrams, 2003, 2007). These theories were utilised in this initial study so that it would allow me to practice creating theoretical constructs that are appropriate to a homeless population. The interview schedule was also reviewed by the key informants and amended to enhance its ecological validity.[2] The resulting interview schedule was then piloted using a sample of 5 young homeless mothers sampled from one of Bromford's intensive supported accommodation sites and then further revised to ensure clarity and to remove repetitive question items. A final version was then administered as the main study measure.

2.2.3.1 Main Measure

The resulting measure assessed components central to self-regulation (efficacy), social cognition (attitudes, intentions), and self-categorisation processes (self categorisation, sub group identification), as well as housing, service access, and personal histories (see Appendix A). All components were assessed using open ended questions, which were then binary coded (see Appendix B). The purpose of Appendix B is to show how the variables were coded in a binary format.

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[2] The key informants were those consulted in Phase 1 of this study, and ecological validity in this programme of research refers to ensuring that measures tap what they are supposed to be assessing when administered to homeless people (i.e., where homeless people understand the information required of them, and respond accordingly).

Intention/Goal Intention. Goal intention was measured by asking "Do you have goals for yourself (e.g., where do you see yourself in 6 months, 1 year, and beyond)? and "What things are you doing to achieve these goals (e.g., educational classes)?"

Attitude. Personal attitude about service provision was tapped by asking "Do you enjoy the current learning support services you are receiving?"

Subjective Norms. Participants were asked about their relationship with close social referents, (e.g., family and friends) and how far they were willing to comply with their views to measure subjective norms, (i.e., "Do you want to take part in the learning support services because others think you should)?"

Perceived Behavioural Control (PBC)/Efficacy. PBC/Efficacy was assessed by asking "Do you think there are any barriers in your experience, to accessing educational classes/learning services (this would be linked to your goal)?", and "Is there too much information, or not enough information about the learning support services, such as childcare, that might be available to you, as you access these further education and training services?"

Social Identity/Self-Categorisation. To assess participants' extent of identification, participants were asked "How do you see yourself (- as homeless)?"

Perception of Interactions with Key Worker. Participants were asked to describe a typical conversation with their key worker/floating support worker-and to explain what is typical about this conversation. The information was recorded using open-ended items.

Homelessness History. The following questions were used to form a picture of young mothers' housing and homelessness histories. Questions included *"How did you become homeless?"*, and *"How long have you had this tenancy for?"* Subsequent questions were asked to floating support participants only, *"Had you made a homelessness application*

previously (i.e., before Bromford)?", "Were you placed in temporary/emergency accommodation?"

Normative Influence linked to Homelessness History. To tap any normative influence that may be linked to floating support participants' homelessness histories, they were asked *"At what age did the breakdown of the relationship with your parent/guardian occur?"* and "Could you have been helped in your own home-would counselling have helped this?"

Access/Referral to Current Housing Accommodation. Floating support participants were presented with the question "Were there any issues with the referral process?"

Clients Knowledge of Service Availability. Participants were asked about their knowledge of the learning support services available to them. The questions asked included *"Do you know what types of services the floating support team can provide (e.g., support with budgeting, filling forms, parenting skills, drug issues)?"*, *"Are you able to budget properly?"*, and *"Do you know how to access any of the following: health centres, schools/education centres, employment training, employment centres?"*

Opinions on Service Content. To enable service staff to gain a picture of clients' opinions on the content of overall service provision, participants receiving floating support were asked, *"The housing strategy is responsible for the development of the housing vision in Solihull (which was read out to them). Do you think this vision is realised, if not how could it be?"* Also, to follow up participants were asked, *"Would you like to be involved in 'preventing homelessness' activities in the future (e.g., visiting schools for question and answer sessions)?"*

Socio-demographic Characteristics. Participants' age, ethnicity, educational achievement, number of children, and information about their childbirth experiences were also gathered using open ended question items.

2.2.4 Administration

Participants were told their responses would remain confidential, and their participation in this study would not affect their future use of services. Consistent with the literature, all structured interview questions were administered verbally to minimize the effects of illiteracy on focus group and one-on-one response rates (Christian & Armitage, 2002). In the case of group administration, the researcher recorded responses for each of the participants, though the measure was not administered on a one-to-one basis. The rationale for the two data collection (methodological) approaches was to consider the possibility that the mothers may disclose more of their perceptions and evaluations if they are with other people who might be supportive to them. Therefore, both formats were used to administer the measure. Upon completion all participants were thanked and debriefed.

In all, the individual measures administration took 30 minutes to complete, and there was a 77% rate of participation from individual interview participants. However, for the group measure administration, interviews took up to 50 minutes to complete, and there was a 70% rate of participation from focus group participants.

3.0 Results

3.1 Preliminary Analysis/General Impressions

All (100%) of the young mothers' ($N = 17$) were happy to disclose their perceptions and evaluations of the service regardless of the data collection approach (i.e., focus group or individual interview). All participants appeared to understand the questions asked, and responded accordingly. Perceptions of current service provision were generally positive. That is they were mainly positive, for example, participants reported on the adequate advice offered by staff, and the all round suitability of their current accommodation. However, there were exceptions, where young mothers felt they needed more information about education and employment opportunities, as well as greater assistance with transport and childcare costs.

3.2 Differences Due to Method of Collection or Type of Accommodation

ANOVA analyses were used to test for variation in response patterns that may be attributed to the type of data collection method used (i.e., group ($N = 7$) or individual ($N = 10$)) administration formats. The results show that there were no significant differences in the responses given from these groups (*ps* > .05), so the data were pooled and further analyses were subsequently conducted.

Next, ANOVA analyses were used to test for variation in response patterns that may be attributed to participants' type of accommodation (i.e., intensive support accommodation *(N = 10)* or floating support accommodation ($N = 7$)). The results show that there were a number of meaningful differences. For example, there were significant differences in the level of identification with support staff experienced between the 2 groups of young mothers.

That is, participants from floating support tenancies identified more with support workers (M = 1.00), $F(1,15) = 6.18$, $p < .05$, than participants within intensive support accommodation (M = 0.50). Additionally, the women in floating support tenancies felt more satisfied with accessing information on health centres, employment and education programmes ($M = 0.57$), $F(1,15) = 5.25$, $p < .05$, than participants within intensive support accommodation ($M = 0.10$). A possible explanation for this pattern of results can be attributed to the impact of independent living experienced by the young mothers in council or private tenancies, thus within following analyses participants within intensive support accommodation and floating support accommodation are analysed separately.

3.3 Main Relationships between the Study Measures

In the first instance, I conducted inter-correlations between all study measures for (a) the intensive support accommodation group, then (b) the floating support accommodation group, however, it was beyond the scope of the study to report on every association, particularly between the homeless history, service availability and service structure items which were assessed only for the purpose of a service evaluation, requested by service staff. In Table 2 and Table 3, relationships between psycho-social variables and socio-demographic characteristics are included. After initial screening of the inter-correlations between all study measures, the researcher selected and included the homeless history, service availability and opinions of service content items that were meaningful to the aims of this research programme, that is, those that contributed to housing access and housing stability over time.

3.3.1 Intensive Support Accommodation Group

The final set of inter-correlations between study measures for the intensive support group is shown in Table 2. Generally, the patterns of relationships indicate links between

TPB, SIT/SCT constructs, and knowledge of service availability. For example, *PBC/Efficacy* item "Is there too much information out there?" is correlated negatively with the *Knowledge of Service Availability* item "Do you know what types of services the floating support team can provide?" such that the more participants feel a lack of control/efficacy over service use (i.e., they feel there is too much information), the less knowledge they have of the support available to them. On the basis of this finding, we know that service provision to this group of intensive support participants requires teaching them how to organise and prioritise information to meet their personal needs (i.e., so that they do not feel overwhelmed). In turn, the information gathered would enhance their knowledge of the learning support available, which is productive for housing access.

Furthermore, the *Goal intention* item "What things are you doing to achieve these goals?" and the SIT/SCT item "How do you see yourself (-as homeless)?" correlate negatively, such that identifying as homeless (a negative category label) inhibits participants' action towards their goals. Perhaps they feel they would be rejected by mainstream peers in education/job training services, and so prefer not to take part. Thus useful service provision to this group would be to encourage resilience in the face of social exclusion. A suggestion would be to facilitate solidarity between clients (see Simon et al. 1998)-perhaps by grouping those with similar goals to support one another in the pursuit of goal achievement. Clearly, support networks are important for this group of young mothers receiving intensive support.

However, although it seems important for young mothers in intensive support accommodation to strengthen their support networks, it is possible that too much assistance can also inhibit future learning and housing access, and housing stability. Table 2 shows a negative correlation between *Perceptions of Interactions with Key-workers* item "Can you describe a typical conversation with your key worker/floating support worker-What is typical

about this?" and *Knowledge of Service Availability* item "Are you able to budget properly?", such that greater interaction with service staff, inhibits participants' perceived ability to manage their finances. Thus, it would seem that high levels of assistance from staff may limit successful learning access and housing stability for these young mothers in the future, because they would not have acquired the skills for independent living.

Lastly, the positive correlation between *Perceptions of Interactions with Key-workers* item "Can you describe a typical conversation with your key worker/floating support worker- What is typical about this?" and *Ethnicity* is worth commenting on. White British participants had greater informal interaction with key workers, than non-White British[3] participants. A possible explanation could be, that participants from minority ethnic backgrounds identified less with key-workers on the basis of ethnic differences (i.e., all key workers within the service were from White British backgrounds) thus they may shy away from initiating conversations with key workers, feeling perhaps that they would not understand their cultural perspectives.

3.3.2 Floating Support Accommodation Group

Inter-correlations among the study measures for the floating support group are shown in Table 3. Generally, the pattern of associations shows a lack of correlation between psychological concepts. Though one exception is the negative correlation between *PBC/Efficacy* item "Do you think there are any barriers in your experience, to accessing educational classes/learning services?" and *Homelessness History* item *"*How long have you had this tenancy for?" such that participants who perceive barriers to service access, have

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[3] Non-White British participants in this study make up those from Black and Mixed ethnic backgrounds.

spent less time stable within their current tenancies. So, we can see that participants'
control/efficacy beliefs are important for housing stability in the long-term.

Lastly, in Table 3 longer periods of housing stability are associated with both a
negative childbirth experience[4], and the number of children participants gave birth to (i.e.,
Homelessness History item *"How long have you had this tenancy for?"* was negatively
correlated with participants' *Childbirth Experience*, and positively correlated with their
Number of Children). However there may be a number of other mediating factors that could
shed light on this, and the present study is perhaps too small in scale to offer a meaningful
explanation.

3.3.3 Summary of the Main Relationships between Study Variables

In summary, the pattern of study variable relationships amongst intensive support
participants reflects a need to gain control over their goal pursuits, and enhance their support
networks if they are to achieve their goals in the future. However, as well as establishing a
good social network, the young mothers must also practice independent living, based on the
information they have learned, in preparation for 'move-on' into floating support
accommodation. The pattern of study variable relationships for the floating support group
reflects the importance of independent living (i.e., personal control in one's household) if the
young mothers are to sustain housing stability in the long-term.

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[4] Two participants reported to have had a miscarriage or stillbirth.

Table 2. Descriptive Statistics and Inter-correlations for Key Study Variables: Intensive Support Accommodation Group (N = 10)

Variable	Mean	Std.Dev.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1.BIGoals	1.60	0.52	--															
2.BIGoalAch	0.40	0.52	-.17	--														
3. SN	0.80	0.42	-.41	-.10	--													
4. PBCBarriers	0.80	0.42	-.41	.41	-.25	--												
5. PBCInfo	0.10	0.32	-.41	-.28	.17	.17	--											
6.SIHomeless	0.70	0.48	-.09	-.80**	.22	-.33	.22	--										
7. StaffInteract	0.50	0.53	.00	.41	.00	.00	.33	-.66*	--									
8. HHLength	373.50	215.25	-.54	.33	.25	.39	-.27	.03	-.49	--								
9.SAKnow	0.90	0.32	.41	.27	-.17	-.17	-1.00**	-.22	-.33	.27	--							
10.SABudget	0.60	0.52	.17	-.58	.10	-.41	-.41	.80**	-.82**	.19	.41	--						
11.Age	18.80	1.55	-.39	.53	-.24	.61	.05	-.24	-.14	.74*	-.05	-.25	--					
12.Ethnic	% Non-White British	% White British	-.25	.67*	.10	.10	.27	-.54	.82**	-.15	-.27	-.67*	.17	--				
13. Edu	%None	%Educated	-.54	.09	.22	.22	.22	.05	-.22	.55	-.22	-.09	.51	-.09	--			
14.Children	1.20	0.42	-.11	-.41	.25	.25	-.17	.33	-.50	.43	.17	.41	.07	-.61	.33	--		
15.Plan.Preg	% No	% Yes	-.11	.10	-.38	.25	-.17	-.22	.00	.43	.17	-.10	.58	-.10	.33	.38	--	
16.Norm.Del.	% No	% Yes	.41	.27	-.17	-.17	.11	-.22	.33	-.58	-.11	-.27	-.27	.41	-.22	-.67*	-.67*	--

Notes: [1] $p <$ * .05; **.01. [2] BIGoals = Do you have goals for yourself?, BIGoalAch = What things are you doing to achieve these goals?, SN = Do you want to take part in the services because others think you should?, PBCBarriers = Do you think there are any barriers, in your experience, to accessing educational services/learning services?, PBCInfo = Is there too much information, or not enough information about the learning support services?, SIHomeless = How do you see yourself (- as homeless)?, StaffInteract = Can you describe a typical conversation with your key worker/floating support worker?, HHLength= How long have you had this tenancy for?, SAKnow = Do you know what types of services the floating support team can provide?, SABudget= Are you able to budget properly?, Age = Explanatory, Ethnic = Ethnicity, Edu = Educational Achievement, Children = Number of children, Plan.Preg = Planned pregnancy(cies)?, Norm.Del = Normal delivery? [3] Attitude item - Do you enjoy the current learning support services you are receiving? - was not suitable for parametric testing.
[4] When interpreting these correlational relationships, consider that when adjusted with Bonferroni correction (e.g., p = 0.005), they may appear to be non-significant.

Table 3. Descriptive Statistics and Inter-correlations for Key Study Variables: Floating Support Accommodation Group (N = 7)

Variable	Mean	Std. Dev.	1	2	3	4	5	6	7	8	9	10	11	12
1. BIGoals	1.14	0.38	--											
2. BIGoalAch	0.29	0.49	-.26	--										
3. PBCBarriers	0.86	0.38	.17	-.65	--									
4. PBCInfo	0.57	0.53	-.47	.55	-.35	--								
5. SIHomeless	0.57	0.53	-.47	.55	-.35	.42	--							
6. HHLength	388.57	290.81	-.32	.80*	-.79*	.77*	.61	--						
7. SAKnow	0.86	0.38	.17	.26	-.17	-.35	.47	.18	--					
8. Age	20.71	1.80	-.67	-.08	.42	.20	-.15	-.28	-.56	--				
9. Ethnic	% Non-White	% White	.17	.26	-.17	.47	.47	.36	-.17	-.32	--			
10. Edu	% None	% Educated	-.65	.40	-.26	.73	.09	.56	-.26	.46	-.26	--		
11. Children	1.14	0.38	-.17	.65	-1.00**	.35	.35	.79*	.17	-.42	.17	.26	--	
12. Norm.Del.	% No	% Yes	.26	-1.00**	.65	-.55	-.55	-.80*	-.26	.08	-.26	-.40	-.65	--

Notes:[1] *p* < * .05; **.01.[2] BIGoals = Do you have goals for yourself?, BIGoalAch = What things are you doing to achieve these goals?, PBCBarriers = Do you think there are any barriers, in your experience, to accessing educational services/learning services?, PBCInfo = Is there too much information out there?, SIHomeless = How do you see yourself (- as homeless)?, HHLength = How long have you had this tenancy for?, SAKnow = Do you know what types of services the floating support team can provide?, Age = explanatory, Ethnic = Ethnicity, Edu = Educational Achievement, Children = Number of children, Norm.Del = Normal delivery?[3] Attitude item: Do you enjoy the current support services you are receiving? Subjective Norms item: Do you want to take part in the services because others think you should?, Perception of Interaction with Key worker item: Can you describe a typical conversation with your key worker/floating support worker, Service availability item: Are you able to budget properly? and Socio-demographic Characteristic: Planned Pregnancy(cies)? were not suitable for parametric testing.[4] When interpreting these correlational relationships, consider that when adjusted with Bonferroni correction (e.g., p = 0.005), they may appear to be non-significant.

4.0 Discussion

This study served a training purpose for myself- into homelessness issues-at the onset of this research programme. Prior homelessness literature offers no practical guidance on the implementation of research designs and methods with homeless people (see Bahr & Hout, 1971), which can affect the quality of any research attempts with this population. Therefore, I felt it would be useful to conduct a pilot study which would be used to support the development and implementation of research design and methods, in the remaining studies of this thesis.

There were 2 phases to this study. Firstly, collaborating with Bromford Housing Association in Solihull, where service staff requested a service evaluation, meant that the first phase set about gathering their input for the questionnaire/interview schedule. Here, I furthered my knowledge of the local context of homelessness in Solihull for young homeless mothers. Then, the second phase of this study was the development and implementation of study measures, that being, the development of theoretical constructs and questions which tapped homeless service use.

4.1 Theoretical Implications

Phase 2 of this study provides evidence for the role of TPB and SIT/SCT variables in service use outcomes for young homeless mothers. For participants within intensive support accommodation, PBC and service availability were negatively correlated such that a lack of control (i.e., a perception of too much information) influenced poorer knowledge of the service support available. Thus, feeling overwhelmed by the service information can prevent these young mothers from finding out about other support available to them, such as learning, and health services. Furthermore, for intensive support participants, goal intention and social

identity/ self-categorisation were negatively correlated such that greater identification as a homeless person influenced less goal achievement. Therefore, I suggested that because a homeless identity is such a negative categorisation, the young mothers would perhaps do well to practice in-group solidarity (i.e., support each other in goal achievement) when facing social exclusion from mainstream peers (see Simon et al. 1998).

In comparison, for the floating support group there was just one meaningful association consisting of a theoretical construct, that is, there was a negative correlation between PBC and homeless history, such that those who perceived barriers to service use, spent less time stable within tenancies. Therefore the ability to overcome personal barriers to service use when living independently is important for long-term housing stability.

In summary, this study provides evidence for the role of TPB and SIT/SCT constructs in homeless people's service utility.   For the young mothers in intensive supported accommodation, the pattern of associations suggest the importance of gaining control (PBC) over support information, and strengthening support networks (social identity/ self-categorisation and subjective norms) if they are to achieve their goals. However, once participants have moved-on into floating support accommodation, normative influence becomes less important (notice the absence of normative relationships within this group) instead, individual thought is shown to be pivotal for long-term housing stability.

4.2 Implications for Future Service Provision

The inter-correlations between the study measures for the intensive support group show a negative correlation between interaction with key workers, and service availability, suggesting that greater interaction with service staff influences a low ability to manage personal finances, which suggests that too much assistance could limit the positive outcome

of service use, such that clients would not develop and apply the skills and advice learnt at Bromford, to facilitate independent tenancies in the future. One could presumably argue that this might just be linked to the new mothers adjusting to motherhood, or the increased responsibility of having a child. But, nonetheless, it is an important dynamic to be aware of when structuring services for the future. Also, the positive correlation between interaction with key workers and ethnicity shows that White British participants are having more contact with service users than non White British participants. Thus, perhaps services should be more aware of the cultural divides within their service and ensure that all client needs are met. Moreover, for the floating support group, the ability to overcome barriers to service programme use was important, suggesting again that personal empowerment, rather than intensive service assistance, appears to be important for independent living. These findings again support the encouragement of independent living skills amongst clients.

4.3 Sampling and Recruitment

At Phase 1, key informants within the focus group assisted with sampling and recruitment for this study, that is, they indicated participants for taking part. On reflection, I have realised how important this was for the study, as all participants were quite outgoing and cooperative, presenting no obstacles to data collection. Therefore for the remaining empirical studies of this thesis, I understand that there needs to be a good level of communication between the researcher and service staff.

Two types of data collection method were used in the present study (i.e., both a focus group and individual interviews). The focus group went well with the young mothers, who willing gave their responses to each of the questions. Essentially this data collection technique allowed for establishing a rapport with the young mothers, and gaining an initial

insight into their thoughts and feelings as homeless people. The individual interviews also went well, and from the experience, I have learned how difficult it can be to access homeless people. That is, they may move-on quickly, so scheduling interview times can be a challenge. Thus, for the remaining studies of this thesis, I will consult service staff about their clients 'readiness' for re-housing, prior to them taking part in a study.

4.4 Measure Design

Phase 2 of this study provides evidence for the importance of adapting theoretical constructs so that they are ecologically valid to the population under study (i.e., young homeless mothers). The consultation with service staff at Phase 1, allowed me to understand how theory constructs were to be assessed, that is, intentions would be better tapped by asking about future service use goals, attitudes- by asking about service enjoyment, and PBC- by asking about service use barriers. Also, after piloting the first version of measures to service clients, the wording of items needed to be amended for clarity. On this basis, the remaining empirical studies of this thesis will need to include pilot testing of measures to ensure their ecological validity.

4.5 Future Directions

The way homeless services are structured in the UK, results in a different level of support and provision available to young mothers, over and above the support services offered to single homeless men. Thus the experience of young homeless mothers is very different to that of homeless men with regard to the types of services they use, because more is available to them (i.e., the young homeless mothers). As stated in the homeless literature review chapter, single homeless men tend not to fall under local authority homeless provision (i.e., women with children are given priority access), and instead voluntary sector services and

charities tend to adhere to their housing needs (Fitzpatrick et al. 2000). On this basis, the pattern of associations between social psychological and socio-demographic variables may be very different for single homeless men, compared to young homeless mothers, and so the generalisability of this study's findings can be questioned.

This work with young homeless mothers has been an interesting learning experience for me, however because young mothers are safeguarded by homelessness policy in the UK, I think the next step in this research programme would be to direct our attention to single homeless men, whose experience of homelessness is more negative than that of young mothers (i.e., the majority of rough sleepers are single homeless men) (Fitzpatrick et al. 2000). In doing so, I will open opportunities to extend the TPB and further investigate SIT/SCT as we know it, by including measures of affect and 'coping' thinking style which relate greatly to the context of homelessness for single men in the UK.

Chapter 5

Study 2

Predicting Homeless People's Intentions to Use Outreach Services

in Birmingham, England

1.0 Introduction

Study 2, the second empirical chapter of this thesis, was conducted in Birmingham, England. Birmingham is the second largest city in the UK with 977, 087 residents (see Census information, 2001[1], www.birmingham.gov.uk). However, Birmingham also has a large homeless population, with 16, 478 living in communal establishments (e.g., housing associations), rather than registered households (see Census information, 2001[1], www.birmingham.gov.uk). To date, there is a lack of research which provides an estimate number of homeless people in Birmingham together with their socio-demographic characteristics. However, we can create a picture of this population from other homelessness figures available, for example, a fact file compiled by Warnes et al. (2003) states that Birmingham has a younger street homeless population than London, and very few (i.e., less than one fifth) of rough sleepers are from minority ethnic backgrounds, because they are more likely (than those from White British backgrounds) to reside with family and friends (Warnes et al. 2003). Furthermore, 30% of rough sleepers surveyed from Birmingham had a physical health problem, whilst 18% had a mental health condition, which indicates a great deal of demand on UK health services (Warnes et al. 2003). Lastly, Warnes et al. (2003) report on the prevalence of substance use amongst rough sleepers in Birmingham, such that 19% of

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[1] The Census is published every 10 years. The next is due in 2011.

those surveyed abused alcohol, and a high proportion (i.e., 64%) abused drugs. In

Birmingham, there are currently 9 homeless hostels and 6 drop-in centres which aim to

address the above issues of homelessness (i.e., homeless people's housing and health needs).

1.1 The Present Research

To meet the housing and health needs of urban homeless populations in Birmingham,

homeless institutions require the communication of concise information between services (see

Randall & Brown, 1993, 1995, 1996, 2002a, 2002b). Thus, by exploring the utility of single

item measures for assessing psycho-social processes, it may be possible to develop a tool for

homeless service providers that could be implemented within their service delivery

programmes. Building on the methodological issues highlighted in the social and health

literature review chapter of this thesis (Chapter 3), the present study aim is to examine the

predictive validity of direct measures of the TPB and additional avenues using single item

questions, to determine homeless people's intentions to use outreach services. These

additional avenues included social identification/self categorisation and self-esteem principles

(Abrams & Hogg, 1990) and affective functioning[2] (Bagozzi, 1992, Perugini & Bagozzi,

2003).

As previously outlined, multi-item measures are often lengthy and in practice, service

providers have limited time to conduct assessments with their homeless clients. Thus,

applying the theories within this social context would help us to better understand their utility

in diverse settings, and explore practical implications that might lead to further development

of assessment tools.

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[2] However, the present study does not assess affect with single items because the researcher derives the measure from one already established, that is the CES-D scale for depression (Radloff, 1977).

2.0 Method

2.1 Participants

The participants were 45 homeless men ranging in age from 20 to 69 years ($M = 40$, $SD = 10.17$). The participants were predominantly: White British (67%), reporting extended contact with support services (100% of the sample reported using outreach services previously, and being in receipt of housing and council tax benefits). Approximately 50% of the respondents had never lived on the 'streets' (i.e., they had not lived out doors) but they had resided in hostel accommodation (see Fitzpatrick et al. 2000). Regarding their employment histories, 56% of the sample had held jobs in retail and domestic industries, but the majority (95%) of the homeless participants were not actively working at the time of data collection.

2.2 Recruiting Procedures

A potential list of data collection sites were compiled using an annually published directory of services for homeless people (Barbour & Watson, 2004). Temporary accommodation facilities, such as hostels are often chosen as the site for homeless data collection (Tischler et al. 2007; Tischler, Vostanis, Bellerby & Cumella, 2002) and so these facilities were contacted. After gaining their agreement in principle, information concerning the study was then distributed to the temporary accommodation facilities. Next, members of staff recruited potential participants for the study, and subsequently meetings were set with the homeless people.

Participants were recruited from homeless hostels (Snow Hill Hostel, St Anne's Hostel, and Hanwood House Hostel, all serving men only), and a re-housing assistance group serving the Big Issue (i.e., the magazine encouraging employment opportunities for homeless people). All of the hostels served men only, and within this setting the residents received

support for obtaining longer term housing (e.g., filling in housing applications, as well as support for sustaining future tenancies). In comparison, the employment service served both men and women, providing employment to homeless people as well as housing assistance. All services were located in Birmingham, UK.

Two strategies were used to recruit participants. First, the investigator approached homeless people in common areas and asked if they would be willing to take part in the research. Upon agreeing to participate, service users were interviewed in a designated room indicated by the facility staff. Staff helped in the recruitment process by specifying the best days and times for recruitment (e.g., after mealtimes), and by contacting service users who had agreed to take part on the day, so that they remembered their scheduled time.

Overall, there was an 82% rate of participation from participants in hostel facilities, and a 78% rate of participation among participants selected from the Big Issue office.

2.3 Measures

Prior to constructing the main study measure, pilot interviews were conducted with 15 homeless men. The main aim of the interviews were to ensure the items were clear and relevant to the sample. The most important finding was that some measures were too long and time intensive. Items were therefore refined before the questionnaire was administered to the main study participants. The final questionnaire measure consisted of the following items (see Appendix C):

Behavioural Intention. Behavioural intention was measured with a single item that read, "Are you likely to use an outreach service in the next 4 weeks?" (scored 1 = *not at all* to 5 = *very much*).

Attitude. Participants were presented with the statement, "Do you think using an outreach service in the next 4 weeks would be bad/good" (scored 1 = *bad* to 5 = *good*).

Subjective Norm. Participants were asked if they felt that people important to them influenced their decisions to participate in outreach programmes. Both social referent beliefs and motivation to comply were assessed. For example, "those who are important to me think that I should use an outreach programme in the next 4 weeks" (referent belief); and "by using an outreach programme in the next four weeks I want to do what pleases those who are important to me," (motivation to comply) (scored 1= *strongly disagree* through to 5= *strongly agree*) ($\alpha = 0.53$).

Perceived Behavioural Control. Perceived behavioural control was tapped by asking "Would it be easy for you to use this service over the next 4 weeks?" (scored 1 = *not at all,* through to 5 = *very much*).

Prior Behaviour. Prior behaviour was measured using the item, "How often do you use this service?" Responses could range from 1 (*rarely- less than 1 day a week*) to 5 (*constantly- 7 days a week*).

Social Identity as Homeless. One item measured identification as a homeless person, "Do you identify with other homeless people?" (scored 1 = *not at all* to 5 = *very much*).

Social Identity as a Service User. Based on previous work conducted by Christian and Abrams (2003), a single item assessed the extent to which participants identified themselves as service users. It read: "Would you say that using this [outreach] service is an important part of who you are?" (scored 1 = *not at all* to 5 = *very much*).

Collective Self-esteem as Homeless. Drawn from the collective self-esteem scale created by Luhtanen and Crocker (1992), a single item was used to assess participants esteem for homeless people as a group. The item read, "Are you happy that your group of homeless friends stick together" (scored 1 = *not at all* to 7 = *very much*).

Collective Self-esteem as a Service User. Drawn from the collective self-esteem scale created by Luhtanen and Crocker (1992), a single item was also used to assess participants esteem for homeless service users as a group. It read, " Are your friends at this service seen as good by others who do not use this service?" (scored 1 = *not at all* to 7 = *very much*).

Personal Self-Esteem. Negative esteem was measured with a single item derived from the Rosenberg self-esteem scale (1965), "All in all, I am inclined to feel that I am a failure". Homelessness research has long reinforced the importance of considering homeless people's negative psychological responses to their traumatic experiences (e.g. Goodman, Saxe & Harvey, 1991), thus only a negative item was utilised. The item was scored 1 = *yes/all the time* through to 5 = *no/never*).

Depression. The CES-D scale (Radloff, 1977) with 20 items was used to assess depression. All items were scored 0 = *none of the time-less than 1 day* through to 3 = *most or all of the time-5 to 7 days*). The mean of the 20 items was taken as a measure of depression (α = .75).

Socio-demographic Characteristics. Participants' age, ethnicity, length of service use, and history of homelessness were gathered using open-ended question items.

2.4 Administration

Participants were told that their responses would remain confidential, and their participation in this study would not affect their future use of services. Consistent with the literature, structured measures were administered verbally and on a one-to-one basis, minimising the effect of illiteracy on participation (Christian & Armitage, 2002). Participants selected the scale value that best corresponded to their response, and their responses were recorded in turn. In all, the measures took 30-40 minutes to complete.   Following the session, participants were thanked and debriefed.

3.0 Results

3.1 Preliminary Analyses

ANOVA analyses were used to test for difference between response patterns across the data collection sites, and to see if there might be differences in responses as a result of service use or homelessness histories. A one-way ANOVA was used to explore the participants' responses to variables across the 4 data collection sites, Snow Hill Hostel ($N = 15$), St Anne's Hostel ($N = 9$), Hanwood House Hostel ($N = 10$), and The Employment Service ($N = 9$). The results show that there were significant differences in the extent of identification as a service user , $F(3, 39) = 3.77$, $p < 0.05$, with participants from Hanwood House ($M = 4.60$) reporting that they saw themselves as service users significantly more than their counterparts from St Anne's Hostel ($M = 1.88$). Interestingly, however, homeless men residing at Hanwood House reported a significantly lower self-esteem (negative personal esteem: $M = 3.66$), than did participants selected from all other services $F(3,39) = 4.78$, $p < 0.01$ (Snow Hill: $M = 2.17$, Big Issue: $M = 3.51$).

Another factor likely to influence the pattern of findings was the extent to which the participants were presently living 'on the streets' as homeless. That is, we might expect longer histories of street homelessness to result in increased service utilisation, because the increase in vulnerability might motivate greater use of emergency services (Randall & Brown, 1993, 1995, 1996, 2002a, 2002b). Here, a one-way ANOVA analysis was used to compare the response patterns of those who had experienced 'street' homelessness recently ($N = 19$) with those who did not have a history of 'street' homelessness ($N = 24$). There was a significant difference in reports of depression, with participants expressing 'street' homelessness' reporting greater feelings of helplessness and despondency ($M = 1.52$) than those who had not experienced rough sleeping, $F(1, 40) = 9.06$, $p < 0.01$, ($M = 1.07$).

However, while the results from ANOVA analyses show some differences, the data was deemed sufficiently similar to pool for correlation and regression analyses.

3.2 Relationships between Intentions, Attitudes, Perceived Control, Self-Categorisation and Affect

The means, standard deviations and inter-correlations for all study variables are presented in Table 4. As shown in Table 4, behavioural intentions correlate positively with both attitudes and PBC, such that the more positive the evaluation of the service and the more control the homeless men feel they have, the greater the intention to use services. (Given that homeless people frequently engage in social distancing, that is, they seek to differentiate themselves from other homeless people (see Hornsey & Jetten, 2004), it is not surprising that there is not a significant relationship between the subjective norms component and intentions. But, the negative relationship between subjective norms and personal self-esteem suggests that the more participants anchor their service use to themselves (as opposed to others who might be important to them), the more positively they feel about themselves). This trend is further demonstrated in the pattern surrounding other normative factors, most notably the absence of correlations between identification and other study variables. Lastly, Table 4 shows that prior behaviour correlates positively with collective esteem and negatively with personal esteem, such that prior experiences with services, aimed at aiding homeless people-appears to facilitate esteem with both the social group and oneself. However, although the experience of service use allows participants to feel 'worthy' (i.e., a part of something), extended lengths of stay within institutions facilitate greater levels of negative affect (i.e., depression).

Rounding things out, the inter-correlations between the study variables provide a rationale for testing the utility of the TPB model, because both attitude and subjective norms

are shown to predict intentions. However, the absence of normative, affective and past behaviour associations with TPB variables suggests it would not be useful to include them as extensions to the TPB model. Instead, these factors may be used to better understand the experiences of the population under study, here that is single homeless men residing within hostel accommodation in Birmingham, UK.

3.3 Prediction of Intention

One of the main research aims of this study was to test whether a single item measure tapping the TPB and SIT/SCT variables would have good predictive utility. To examine this question, a hierarchical regression analysis was used to explore whether the psych-social variables accounted for a significant portion of the variance in participants' service use intentions. Attitudes and subjective norms were entered at Step 1, with a significant effect of attitude ($\beta = .43$, $p < 0.05$), but not for subjective norms. Subsequently, PBC was entered at Step 2, adding an additional 28% to the prediction of intention ($\beta = .69$, $p < 0.01$). In the final regression equation, PBC emerged as the only significant predictor of intention, explaining 47% of variance in participants' intentions to use homeless services (see Table 5).[3]

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[3] The hierarchical regression predicts intentions at a single point in time and so we cannot assume the temporal stability of the TPB model based on the present findings.

Table 4. Descriptive Statistics and Inter-correlations for Key Study Variables (N = 41)

Variable	Mean	Std. Dev	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. BI	4.63	1.09	--																
2. ATT	4.21	1.39	.43**	--															
3. SN	1.19	1.64	.07	.00	--														
4. PBC	4.53	1.30	.68**	.64**	-.00	--													
5. PB	4.79	0.51	.03	-.10	.05	-.01	--												
6. Homeless	3.65	1.89	-.06	-.20	.01	-.26	-.00	--											
7. Service User	3.51	1.96	.00	.12	.09	.17	.06	.06	--										
8. CSEH	4.67	1.88	-.12	-.06	-.06	-.12	.51**	-.06	.29	--									
9. CSES	5.49	1.45	-.00	.18	.18	.12	.40**	-.05	.36*	.20	--								
10. PSE	3.06	1.27	.07	-.31*	-.31*	-.03	-.35*	.14	-.04	-.29	-.26	--							
11. .Depress	1.26	0.52	-.06	.01	.01	.02	-.14	.21	.03	-.24	-.20	-.14	--						
12. Age	39.98	10.17	-.25	-.18	-.04	-.19	.11	-.04	-.08	.10	-.02	.25	.01	--					
13. Ethnic	33% Non-White British	67% White British	.22	.11	-.04	.21	-.09	-.08	-.12	-.23	-.04	.29	.12	.24	--				
14. Service Use	1521.42	2568.29	.14	.06	-.08	.11	-.20	.15	.05	-.07	-.39**	.11	.35*	.12	.16	--			
15. Streets Use	458.12	1729.69	.09	.02	-.15	.10	.07	.18	-.01	.12	-.27	.03	.12	.20	.14	.77**	--		
16. Employ[4]	44% No	56% Yes	.13	-.10	.10	-.03	-.09	.06	-.20	-.03	-.06	.02	-.09	-.09	-.12	-.21	-.25	--	
17. 'On Streets'[4]	56% No	44% Yes	.22	.17	.19	.18	-.00	.24	.20	-.23	.02	-.16	.43	.09	.12	.35*	.30*	-.06	--

Notes:

[1] $p < *$ .05; **.01.

[2] $N = 33$ for correlations, collective self-esteem as homeless

[3] BI= Behavioural Intention, ATT= Attitudes, SN= Subjective Norms, PBC= Perceived Behavioural Control, PB= Prior Behaviour, Homeless= Social Identity as Homeless, Service User= Social identity as a Service User, CSEH= Collective Self-esteem as Homeless, CSES= Collective Self-esteem as a Service User, PSE= Personal Self-esteem, Depress= Depression, Ethnic= Ethnicity, Service Use= Length of Service Use, Streets Use= Length of Current/last 'street' homeless spell, Employ= Previous Employment History, 'On Streets' = Been 'Street' Homeless.

[4] Binary coded: No = 0, Yes = 1.

[5] When interpreting these correlational relationships, consider that when adjusted with Bonferroni correction (e.g., $p = 0.005$), they may appear to be non-significant.

Table 5. *Hierarchical Regression Analysis Predicting Behavioural Intention*

Step/Predictor	R	R^2	R^2 ch.	F	F ch.	df [1]	Beta
1. Attitudes	.43	.19	.19	4.64*	4.64	2,40	.43*
Subjective norms							.07
2. Attitudes	.69	.47	.28	11.51**	20.68	1,39	-.01
Subjective norms							.07
Perceived behavioural control							.69**

Notes:
*p < .05; ** p < .01.

[1] Degrees of freedom refer to change.

4.0 Discussion

The findings of this study offer mixed news for the influence of TPB variables on homeless people's service use. The evidence suggests that PBC is the only TPB variable which influences intentions (explaining 47% of the variance), such that homeless people appear to engage with services when they feel in control of their participation (e.g., where they determine the time, and/or content of service programmes) (Christian & Abrams, 2004 (study 1), Christian, Armitage & Abrams, 2003). Attitudes did not determine intentions in the present study, although it did correlate with intentions and PBC. This informs us of how important perceived control is to homeless people in the context of service use, as not only does it influence their decision to participate, it also effects their service evaluations, which reflects the effectiveness of the provision in service performance reviews. Thus service providers should be interested in monitoring the level of PBC amongst clients from the outset of their residence. On the contrary, there was no evidence for the influence of subjective norms on intentions.

The lack of a normative influence on intentions also extends to the SIT/SCT variables, which is best explained by the low levels of identification with other homeless people and as a service user. Based on ideas derived from Social Identity Theory (Tajfel & Turner, 1979), I suggest that although the experience of homelessness is essentially a negative one, its harmful consequences can be alleviated by increases in group identification. The implication is that we should see higher levels of in-group solidarity amongst homeless people through identification with other homeless people (see Simon et al. 1998), which can in turn influence both positive esteem and collective action. The present study shows that in-group identification can influence greater feelings of self-worth, however, it does not support a role for identification in service use decisions.

Taken together, the findings point to a strong influence of personal control over service use, rather than any influence of norms or group processing. A further possible explanation for this pattern of results, can be attributed to the large reductions in funding for homeless services in Birmingham and the West Midlands. Fewer services remain available, and so it is possible to argue that this facility reduction has resulted in a reduction in service choice for homeless people. As such, perhaps they feel let down by service bureaucracy and so personal control–a more individual orientated variable than norms or identification now plays a more critical role in their service use decisions.

4.1 Implications for Housing Service Provision and Research

Prior social psychological studies have presented similar patterns to the present study, such that PBC has been shown to determine homeless people's intentions to use services (Christian et al., 2003, Christian & Abrams, 2003). However, this study extends their findings and shows that single item questions can be used to examine TPB variables in this homeless service use domain, without limiting the predictive power of the model. This information is useful to researchers and service providers who would like to develop a robust and concise assessment tool for measuring service use outcomes amongst homeless clients, within a busy service.

Furthermore, although the present study presented no evidence for the independent influence of normative and affective factors in homeless people's service use, certain lessons can still be learned. Notably, the pattern of relationships they do present with, offer lessons to be learned about the population under study, that is, single homeless men residing in temporary accommodation. For example, the negative relationship between subjective norms and personal self-esteem suggests that the more participants anchor their service use to themselves (as opposed to others who might be important to them), the more positively they feel about themselves. This trend supports the absence of correlations between identification

and other study variables, such that these homeless men appear to see service use as an individual activity (i.e., they prefer to keep themselves to themselves), rather than use the service for group activities (i.e., socialising, making friends etc). On this basis, service providers wanting to encourage increased service participation should promote activities that clients can do independently, such as using the computer/internet for finding information, rather than solely consulting members of staff for information.

Furthermore, the present study provides evidence for a relationship between prior behaviour and esteem, such that prior experiences with services-aimed at aiding homeless people-appears to facilitate esteem with both the social group and oneself. However, although the experience of service use allows participants to gain a sense of self-worth, extended lengths of stay within housing institutions, facilitates greater levels of negative affect (i.e., depression). Taken together, it seems that these homeless men are happy because they are now comfortable with the service they are in, that is, they are not having to cope with a new service use environment, however, over time happiness is replaced by a sadness of not having reached their housing goals.

4.2 Conclusions and Caveats

The present research has notable strengths. Firstly, the use of single item measures derived from theory, presents a concise and systematic tool for service providers to measure service outcomes amongst their homeless clients. Also, by testing single item measures of the TPB, we extend our knowledge of the robustness of the model to adapt to the homeless service use domain, and the utility of the method when applied to this domain. However, there are also some potential shortcomings to the present study. Firstly, a behaviour measure was not collected, so it is difficult to know what the relationship might be between intentions and actual utilisation. Also, because the data for this study was collected in Birmingham only, it is possible that other locations might have slightly different findings based on fewer

services available (cf. Christian & Abrams, 2004). But, notwithstanding these points, the results from the study suggest homeless people in temporary accommodation are likely to desire to use outreach services, when they feel able to exercise some control over (a) the content of the service programme, and (b) the conditions under which they are taking part in the service itself. Given this, an important next step in this research programme would be to further investigate homeless people's perceptions of perceived control, that is, the factors likely to enhance or hinder it. So, in the next chapter, I include the measure of 'coping' thinking styles, as such an additional dimension would offer insight into how homeless people construe and manage their present circumstances. In turn, this could be a concrete step in aiding service providers in their efforts to identify ways in which to increase homeless people's participation in service programmes.

Chapter 6

Study 3

Predicting Homeless People's Service Use Intentions in the West Midlands: The Application of a Multi-Domain Index

1.0 Introduction

Study 3, the third empirical study of this thesis was conducted in Birmingham and Coventry, England. Thus, this study extends the initial work from Study 2 by including another service use region (i.e., Coventry). Yet also importantly, this study is where the multi-service domain measure is developed. This measure assesses psycho-social variables across housing, employment and other service activities because as shown in the literature review chapters of this thesis (Chapter 2 and 3) homeless people may determine service use in different ways depending on their needs. As such, an important feature of this study is that it was conducted in two different homeless communities, so as to allow for comparisons between more metropolitan areas with better joined up services (e.g., Birmingham), and less developed regions with fewer services targeted at helping the homeless (e.g., Coventry). In comparison to Birmingham, the metropolitan city of Coventry has fewer services and a much smaller supply of low-income housing. Therefore, a growing trend in Coventry is for homeless people to reside in their cars, or with relatives – leading to overcrowded and uninhabitable housing conditions. Thus, the rate of 'hidden homelessness' in rural areas such as Coventry is often higher than in urban districts. This, in turn, results in greater isolation

from the population, and contributes to a lack of awareness of their personal and service use needs (National Coalition for the Homeless, 2009).

Also, Study 3, utilised an innovative multi-item measure and more rigorous sampling procedures than in Study 2. Therefore, although it is expected that TPB and SIT/SCT variables will play an important part in the explanation of behavioural intentions, we also expect fluctuation in the weights attached to attitudes, norms and perceived control, identification and affect (i.e., depression) attributed to the larger number of sampling sites and service use behaviours investigated in this study. I would expect the TPB variables to have a stronger, and more positive impact on intentions as the homeless people in this study are considering specific service use behaviours. Furthermore, the strong influence of perceived control may well signal differences in the application of cognitive strategies as a way of coping with homeless circumstances, and so this is directly assessed in Study 3. Beyond this, if there are differences between the two studies, it could be evidence of the difference in methods, as well as the types of institutional framework imposed by location – a point reviewed later in this chapter (see, Christian & Abrams, 2004; Christian, Armitage & Abrams, 2007).

1.1 The Present Research

The present study has two main aims. Firstly, I aimed to develop and test the efficacy of a multi-domain measure based on the theory of planned behaviour (TPB), social identity theory/self-categorisation theory (SIT/SCT) framework, to create a reliable and robust tool to predict service use intentions. Examination of an index of service use behaviours will shed light on any differences in the pattern of social cognitive influence for different types of

service use behaviours, a novel investigation within the social psychological literature on homelessness, as outlined above.

Secondly, I aimed to examine the predictive contribution of social cognitive influences and socio-demographic variables to intentions to use service programmes. Concerning social cognitive influences, the purpose of examining the potential influence of these variables is to examine Ajzen's assertion, that the TPB absorbs affects and cognition related to the performance of a target behaviour, such that no meaningful variance could be explained by supplemental measures of affects and cognition. However, with respect to this it seems reasonable to suggest that a complex behaviour such as, seeking re-housing amongst homeless people, employment seeking, and the use of outreach facilities would reflect their difficult circumstances of daily life that might take a significant toll on one's attitudes and intentions. Based on the results from Study 2, and prior investigations ((Bagozzi, 1992; Perugini & Bagozzi, 2003) we would expect that thinking style and depression may play a role in influencing attitudes, intentions and subjective norms towards service use behaviours. It could be, that during a negative experience such is homelessness, negative affect facilitates coping strategies which homeless people use to resolve their housing, employment or social activity issues. In Study 2, we saw that extended service use influenced higher levels of depression in homeless people, thus, I expect homeless people to have developed a 'thinking coping style' which indicates service use as a way out of their homeless experience. I would therefore expect thinking style to determine intentions in the present study.

Also, as this study investigated avenues for further extension of the TPB, I thought it would be interesting to test the role of socio-demographics, that is, whether they have a stronger impact on intentions than the TPB postulates (i.e., a direct influence on intentions, rather than more distal effects. A study conducted by Christian & Abrams (2004) showed a

direct influence of ethnicity, on homeless people's uptake of outreach programs in New York, such that, African Americans had stronger intentions to use outreach services, thus on this basis, I propose it would be interesting to see if this effect transcends to the context of homeless people and service use in the UK, such that minority ethnic people are more likely to make use of services.

Lastly, to ensure a level of comparability across Studies 2 and 3 however, I also include measures of identification and esteem, although they are not the main focus of this investigation, because of the low levels of in-group solidarity which contributed to a lack of normative influence on service use intentions in Study 2. Nevertheless, they add to our knowledge of how single homeless men in the UK manage their difficult life experiences, which is useful for the design of further homelessness studies.

2.0 Method

2.1 Participants

The participants were 98 (Men = 87, Women = 11) homeless people aged 18 to 85 years old ($M = 38$, $SD = 12.23$) from Birmingham and Coventry, England. Participants were sampled from both these large and small city locations to account for any variation in the role and administration of service provision in the UK (Christian et al. 2007). The participants were predominantly: White British (87%), with an education level of at least primary school completion (77%). The majority of participants also reported being in good physical health (i.e., they reported no medical illnesses) (70%), though 60% were in receipt of housing and council tax benefits. Finally, all of the participants reported having considerable contact with services for homeless people, although only 24% had never been 'street homeless' (see Table 6 for a comparison with Study 2's participant characteristics).[1]

Table 6. Participant Characteristics, Studies 2 and 3.

Participant Characteristic	Study 2	Study 3
Gender	Men = 45　　　Women = 0	Men = 87　　　Women = 11
Age	20- 69 yrs (M = 40, SD = 10.17)	18- 85 yrs (M = 38, SD = 12.23)
Ethnicity	White British (67%) Non-White British (33%)	White British (87%) Non-White British (13%)
Employment History	With an employment history (56%)	With an employment history (82%)
History of Street Homelessness	Experience of street homelessness (< 50%)	Experience of street homelessness (76%)
Benefits	Housing and Council Tax (100%)	Housing and Council Tax (60%)

2.2 Recruiting Procedures

In keeping with Study 2 procedures, and in accordance with the homelessness literature, participants were selected from sheltered accommodation and from other alternative locations (i.e., an employment service, and a homeless drop-in centre) (Toro, et al. 1999; Toro, et al. 1997; Tsemberis, Moran, Shinn, Asmussen, Shern, 2003). Following a series of interviews with key people in homeless services, and consulting the annual directory of services for homeless people (Barbour & Watson, 2004), a potential list of data collection sites were compiled. Temporary accommodation facilities such as hostels are often chosen as the site for homeless data collection in Britain (e.g., Tischler et al. 2007; Tischler et al. 2002). Facilities were contacted, and after gaining their agreement in principle, information concerning the study was distributed to them.

Participants were recruited from 10 hostels (8 serving men only and 2 accommodating both men and women). All of the hostels provide temporary accommodation to those experiencing homelessness. Staff members at the hostels also offered residents independent living skills (such as budgeting and household chores), and employment training opportunities.

Homeless Hostels. The investigator displayed a poster which described the study aims, and informed persons of when and where it was taking place. On arrival, service providers would indicate the service users who had taken interest in taking part. Once participants had been interviewed, the investigator approached other hostel service users in common areas, where they were asked if they would like to take part in the research. Once agreeing to take part, service users were interviewed at a designated table indicated by facility staff.

Employment Service (Big Issue). The investigator displayed a poster which detailed the aims of the study, and when and where it was taking place. At the service, the investigator would wait for service users who would arrive to take part in the study. In the meantime, the investigator would also approach service users who did not intend to take part in the study (i.e., they had come to collect magazines), and asked if they would like to take part in the research. On agreement, service users were interviewed in a designated interviewing room, indicated by service staff.

Homeless Drop-in Centres. At the two drop-in services, the investigator volunteered and assisted staff in providing food and activities to service users over a period of 6 months (once a week). During that time, the investigator was able to establish a rapport with service users in preparation for taking part in the study. After 6 months of volunteering at the service, regular service users who had frequent contact with the investigator, were approached within

common areas, and were asked if they would like to take part in the research. On agreement, participants were interviewed at a designated dining table, indicated by facility staff. As outlined by Christian and colleagues (e.g., Christian & Abrams, 2003, 2004; Christian & Armitage, 2002), the availability and willingness of participants played a role in successful recruitment (at all data collection sites), therefore members of staff greatly facilitated the interviewing process (Christian & Armitage, 2002) (e.g., by reminding service users of their agreed interviewing time).

There was an 81% participation rate at drop-in centres and sheltered accommodation facilities, and an 85% participation rate among participants selected from the employment service.

2.3 Measures

Using similar procedures to those used in Study 2, pilot interviews were conducted with 15 homeless people (12 men, 3 women), and the resulting information was used to construct the schedule administered to the participants in this study. The behavioural intention, attitude, subjective norm, perceived behavioural control, SIT/SCT, and affect measures were similar in nature to those used in Study 2 with two main exceptions. In the present study, there were multiple items presented in each scale, and multiple questions stems were used to tap 3 different behavioural targets, that is (a) seeking out accommodation (b) taking part in other activities offered by the service (e.g., recreation), and (c) accessing employment and/or training, each over the timeframe of 4 weeks. Also, counterfactual thought was used as a measure of thinking styles in the present study (see Appendix D).

Behavioural Intention. Behavioural intention was measured using three items "I intend to keep seeking out my own place (long-term) accommodation, (b) I desire to take part

in other activities (i.e., recreational activities offered at the service), and (c) I intend to access employment/training, scored 1 (*very weak*) to 5 (*very strong*).

Attitudes. Participants were presented with the statement "Using services to (a) seek out my own place (long-term) accommodation, (b) take part in other activities (i.e., recreational activities offered at the service), and (c) access employment/training is", each scored on 7 point semantic differential scales: foolish/wise; un-enjoyable/enjoyable; harmful/beneficial; punishing/rewarding.

Subjective Norms. Participants were given the statement "When we make decisions, all of us have a set of people whose opinions we feel are important to consider, a friend, a family member, or your service provider, for example. On the following scale please point out whether these people think that you *should/should not* use services to (a) keep seeking out your own place (long-term) accommodation, (b) take part in other activities (i.e., recreational activities offered at the service) and (c) access employment/training", each scored on 7 point semantic differential scales *should/should not*. Participants were then presented with a further statement "Considering the set of people whose opinions you feel are important when decision making, indicate whether they would *approve/disapprove* of you using services to (a) keep seeking out your own place (long-term) accommodation, (b) take part in other activities (i.e., recreational activities offered at the service), and (c) access employment/training", each scored on a 7 point semantic differential scales *approve/disapprove*.

Perceived Behavioural Control. Six items tapped perceived behavioural control "It would be easy for me to (a) keep seeking out my own place (long-term) accommodation, (b) take part in other activities (i.e., recreational activities offered at the service), and (c) access employment/training" scored 1 (*strongly disagree*) to 5 (*strongly agree*), and "Whether or not

I (a) keep seeking out my own place (long-term) accommodation, (b) take part in other activities, and (c) access employment/training is entirely up to me" scored 1 (*strongly disagree*) to 5 (*strongly agree*).

Social Identity as Homeless. A single item measured identification as a homeless person. It read, "Do you identify with other 'homeless people'?", scored 1 (*not at all*) to 5 (*very much*).

Social Identity with Support Workers. Two items assessed identification as a service user. These included: "Do you feel close to your support workers?", and "Do you feel that you and your support workers share the same goals?", each scored 1 (*not at all*) to 5 (*very much*). The mean of the two items was taken as a measure of identification with support workers ($\alpha = .80$).

Collective Self-Esteem. Drawn from the collective self-esteem scale created by Luhtanen and Crocker (1992) participants were presented with the statement "I would like you to consider your memberships in social groups (i.e., your friendships with other homeless people, and other homeless service users), and answer the following statements regarding how you feel about these groups. Please listen to each statement carefully, and answer by using the following scale." The mean of three items was then taken as a measure of collective self-esteem "I'm glad to be a member of the social group I belong to", "My social group is considered good by others" and "The social group I belong to is an important reflection of who I am" scored 1 (*strongly disagree*) to 7 (*strongly agree*) ($\alpha = .84$).

Personal Self-Esteem. The Rosenberg self-esteem scale (1965) was used to assess personal self-esteem. All items were scored 1 (*strongly agree*) to 5 (*strongly disagree*). The mean of the ten items was taken as a measure of personal self-esteem ($\alpha = .79$).

Depression. The BDI-Fast screen scale (Beck, Steer & Brown, 2000) with 6 items was used to assess depression. All items were scored on 4 point semantic differential scales, the mean of which was taken as a measure of depression ($\alpha = .79$).

Thinking Styles. After being asked to talk about a negative housing experience they may have had, participants were then asked "Do you think the situation could have been avoided if only something had been different? If so, how could it have been?" Responses were coded using the binary code 0 (*did not make an upward counterfactual response*) and 1 (*did make an upward counterfactual response*).

Socio-demographic Characteristics. Information about participants' age, ethnicity, service utilization and employment histories, and history of homelessness were gathered using open-ended question items.

2.4 Administration

Prior to administration, participants were told that their responses would remain confidential, and their participation in this study would not affect their future use of services. Consistent with the literature, the structured interview questionnaires were administered verbally and on a one-to-one basis to reduce the effect of illiteracy on participation (Christian & Armitage, 2002). In all, the measures took 40-50 minutes to complete. Following administration, participants were thanked, and debriefed for their participation.

3.0 Results

3.1 Descriptive Results

Initial analyses screened for multivariate outliers and revealed five cases that were excluded from analysis, leaving 93 of the 98 cases for use in the procedures (86 men, 7 women). Also, following a series of analytical procedures, the 3 service use domains (i.e., to seek out long-term accommodation, take part in other service activities, and access employment/training) were collapsed into a single composite measure for each of the key study variables (i.e., intention, attitude, subjective norms and PBC). Unfortunately, factor analyses showed that the different service use domains loaded onto a single component, such that participants' perception of service use appears to be very similar across the domains, that is, there were no differences in the way they were responding to each of the service use behaviours. Instead, new composite measures exhibited good internal consistency with Cronbach alphas ranging from 0.60-0.89, except for subjective norms, which were then binary coded and re-labelled as the *individualism norm* (0 = *no individualism norm perceived (subjective norm perceived),* 1 = *individualism norm perceived*).

Sampling Location. To examine whether there was considerable variance in response patterns that we might attribute to sampling location, a one-way ANOVA was conducted to explore any differences between the two city locations where the data were collected (Birmingham, $N = 81$; Coventry, $N = 12$). The results show that there was a significant difference in the gender of participants within the groups $F(1, 91) = 6.33, p < 0.05$ (Birmingham, $M = 0.05$, Coventry, $M = 0.25$), indicating that there were a higher proportion of female participants interviewed in Coventry, than in Birmingham.

Types of Homelessness. According to the housing literature, we can expect that

homeless people's type of accommodation will affect their use of services in different ways.

To further examine this, a one-way ANOVA analysis was used to compare response patterns

from those (a) living in hostel accommodation ($N =54$), with those (b) living in non-hostel

accommodation (e.g., a friend's house, an abandoned building) ($N = 39$). We found a

significant difference for the age of participants represented in the groups $F(1, 91) = 9.54$, $p <$

0.01 ($M = 41.74$, hostel accommodation; $M = 34.15$, non-hostel accommodation,

respectively) meaning participants residing within hostel accommodation were older than

those living in other type of temporary accommodation. There were no differences on social

psychological variables. Taken together, although the findings from the ANOVA analyses

showed some differences between sub-populations, these differences were minor and hence

the data were deemed similar, so they were pooled and analyses were conducted.

3.2 Inter-correlations between Key Study Variables

The means, standard deviations and inter-correlations for study variables are presented

in Table 7. Consistent with previously studies of the TPB and homelessness, the Table shows

that all of the TPB variables-attitudes, norms, and perceived control-are correlated with

behavioural intentions (e.g., Christian & Abrams, 2003; Christian et al. 2007). However, the

association between attitudes and intention was stronger than that between perceived control

and intentions (unlike the findings in Study 2), suggesting that the perceived benefits of

service participation had a stronger influence on intentions than perceptions of control over

service engagement. Interestingly, there is a relationship between PBC and 'social identity as

homeless' in the present investigation, indicating that participants' perceptions over service

use control, results in feeling less like a member of the homeless community, (and more like

mainstream members of society). Perhaps this level of control has enabled them to progress

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towards achieving their life goals, and so they need the support of services less. This may explain the weaker influence of PBC on service use intentions, compared to attitudes. So, the general picture emerging is that service benefits are primary in determining use, but there is still a role of PBC, which is however inhibited by some participants who choose not to form part of a homeless community. Furthermore, Table 7 also shows a small influence of age and physical health on intentions, such that, the young and healthy have greater intentions for service use, I suggest this reflects the greater housing and employment opportunities available to younger, non-disabled people.

3.3 Avenues for Theory Extension

Thinking Styles. One of the unique features of this investigation is that it examines 'coping' thinking styles amongst homeless people, within the context of the TPB, SIT/SCT. They are tested as a separate construct within the theoretical framework of the present study, because the complex context of service use amongst homeless people demands such a consideration. Table 7 shows that thinking style (i.e., alternative thoughts about housing/homeless circumstances) correlates with participants' intentions to use services ($r =$ .40, $p < .01$). That is, the ability to generate more preventative thinking ideas about housing crises, resulted in a greater willingness to engage in intervention programmes. Thus, it would appear that services are seen as a means for tackling problems and preventing future ones.

Affect: Relationships with Depression. Affect is also tested as an additional construct within this study's TPB and SIT/SCT framework. The rationale is that for homeless people negative affect (i.e., depression) is a strong factor which results from negative daily experiences as homeless people. As such, Table 7 shows a negative relationship between depression and norms, (as well as personal esteem and norms), such that, participants who

presented with more individualist ideas (no perceived membership with social communities)

appeared less depressed. Interestingly, however, the same group also experienced a low self-

worth compared to participants with normative influences. Thus, it would seem that we

present with one of the paradoxes of homelessness: the more socially isolated and excluded

the participant reports being, the less depressed they are about their experiences because they

have 'escaped' painful reflection on those experiences.

Furthermore, contrary to what might be anticipated, personal self-esteem is negatively

associated with levels of depression. Thus, it appears that increases in personal self-worth

somehow is linked to unwanted feelings of loneliness and isolation. This trend is more likely

for women than for men, with women reporting higher personal esteem and lower levels of

depression than men. Lastly, extended service use determines higher levels of depression for

homeless people however these negative thoughts and feelings can be ameliorated with

employment as Table 7 shows (i.e., a daily routine, and socialization with mainstream

society).

3.4 Prediction of Intention[1]

The TPB model postulates that attitudes, subjective norms, and PBC all underlie the

formulation of behavioural intentions. As such, a hierarchical regression was used to test

whether these variables accounted for a significant portion of the variance in participants'

intentions to use services (see Table 8). Attitudes and subjective norms were entered at Step 1

of the regression equation, using intention as the dependent measure. However, only attitudes

emerged as a significant predictor of intention, explaining 33% of the variance in intentions (β

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[1] This regression has adequate statistical power due to this study's sample size, and use of theoretically justified variables (Cohen, 1988).

= .52, $p < 0.001$). Then, PBC was entered at Step 2, but it did not add any additional explained variance ($\beta = .03$, $p > 0.05$). Next, the thinking style measure (binary coded) was entered at Step 3, with the aim of examining whether cognitive thinking styles contributed additional variance to predicting participants' service use intentions. As such, thinking style added an increment of 7% ($\beta = .28$, $p < .01$). Finally, consistent with Christian and Abrams (2004), the socio-demographic variable ethnicity was entered at Step 4 of the regression equation, accounting for an additional 3% of the variance in participants' intentions ($\beta = -.17$, $p < .05$).

In the final regression equation, attitudes, 'coping' thinking style and ethnicity emerged as significant predictors of intention, explaining 43% of the variance in participants' intention to use services. (see Table 8). Thus, the more positive the evaluation of the intervention services, the more frequently the participant used creative strategies to solve their housing crises, and where participants were from non-White ethnic backgrounds (i.e., Asian, Black, Mixed ethnicities) the more likely the homeless person is to intend to take part in service programmes.

Table 7. Descriptive Statistics and Inter-correlations for Key Study Variables (N = 93)

Variable	Mean	Std. Dev	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1. BI	3.92	1.18	--																			
2. ATT	5.92	1.32	.56**	--																		
3. SN	0.10	0.30	-.29**	-.34**	--																	
4. PBC	4.21	0.82	.22*	.36**	-.05	--																
5. Thinking	0.61	0.49	.40**	.19	-.19	,02	--															
6. SI Homeless	3.58	1.80	-.06	.02	-.07	-.24*	.11	--														
7. SI Worker	3.44	1.66	.16	.14	-.26*	.24*	.10	-.12	--													
8. CSE	5.93	1.79	.08	.27*	-.02	.10	.05	-.14	.20	--												
9. PSE	2.43	0.96	-.08	-.08	-.34*	-.30	-.08	.14	.07	-.44*	--											
10. Depress	0.99	0.72	.01	.08	-.28**	-.15	.09	.32**	.00	-.08	.75**	--										
11. Gender[3]	92.5% M	7.5% F	.09	.08	-.09	.04	-.02	.14	.21*	-.01	.33*	.25*	--									
12. Age	38.56	12.22	-.22*	-.14	.25*	.05	-.15	-.10	.04	.07	-.10	-.21*	-.11	--								
13. Ethnic	20% Non-White	80% White British	-.06	.16	-.20	.17	.04	.00	.09	-.05	.09	.03	-.06	.02	--							
14. Service Use	2236.45	2495.97	-.03	.04	-.10	-.09	.02	-.11	-.14	.01	-.02	.21*	-.10	.05	.12	--						
15. 'On Streets'[5]	26% No	74% Yes	.04	.06	-.22*	.03	.14	.03	-.04	.03	.08	.33**	-.02	-.20	.13	.23*	--					
16. Streets Use	268.66	542.90	-.12	.05	-.06	-.09	-.02	.08	-.16	.07	-.12	.17	-.06	-.02	.00	.17	.29**	--				
17. Children	1.30	1.57	.01	.01	-.02	.21*	-.02	-.07	.15	-.07	-.03	-.06	.21*	.17	.01	-.10	.15	.03	--			
18. Edu[5]	24% No	76% Yes	.11	-.08	-.16	-.18	.18	-.10	.14	-.11	.07	-.15	-.13	-.05	.16	-.08	-.04	-.11	-.07	--		
19. Employ[5]	17% No	83% Yes	.07	.10	-.04	.12	.11	-.14	.16	-.08	-.29	-.31**	-.41**	.10	.19	.03	-.07	-.21*	-.09	.48**	--	
20. Health[5]	30% No	70% Yes	.32**	.36**	-.02	.21*	.20	.07	.12	.37**	-.49**	.02	-.08	-.23*	.02	.04	.04	-.07	-.02	.02	.20	--

Notes:
[1] p < * .05; **.01.
[2] N is 35-46 for correlations with personal self-esteem, and 35-80 for correlations with collective self-esteem
[3] Data were coded Male, Female (0-1).
[4] BI= Behavioural Intention, ATT= Attitudes, SN= Individualism norm, PBC= Perceived Behavioural Control, Thinking= Thinking Style, SI Homeless= Social Identity as Homeless, SI Worker= Identification with Support Workers, CSE= Collective Self-esteem, PSE= Personal Self-esteem, Depress= Depression, , Ethnic= Ethnicity, Service Use= Length of Service Use, 'On Streets'= Been Street Homeless?, Streets Use = Length of Current/Last 'Street' Homeless Spell, Children = Number of Children, Edu = Previous Education, Employ= Previous Employment History, Health = In Good Health?
[5] Binary coded: No = 0, Yes = 1.   [6] When interpreting these correlational relationships, consider that when adjusted with Bonferroni correction (e.g., p = 0.005), they may appear to be non-significant.

Table 8. *Hierarchical Regression Analysis Predicting Behavioural Intention*

Step/Predictor	R	R^2	R^2 ch.	F	F ch.	Df^1	Beta
1. Attitudes	.57	.33	.33	21.66**	21.66	2,89	.52**
Subjective norms							-.12
2. Attitudes	.57	.33	.00	14.33**	0.11	1,88	.51**
Subjective norms							-.12
Perceived behavioural control							.03
3. Attitudes	.64	.40	.07	14.69**	10.92	1,87	.46**
Subjective norms							-.08
Perceived behavioural control							.04
Thinking Styles (Presence of)							.28**
4. Attitudes	.66	.43	.03	13.01**	4.15	1,86	.47**
Subjective norms							-.11
Perceived behavioural control							.07
Thinking Styles							.28**
Ethnicity							-.17*

Notes:
* $p < .05$; ** $p < .01$
[1] Degrees of freedom refer to change.

4.0 Discussion

This study, as with Study 2, provides convergent evidence that the variables specified by the TPB and are highly influential in the uptake of outreach services amongst homeless people. The model also suggests that the additions of thinking strategies and ethnicity contributed a further 10% of the explained variance, thus suggesting that devising a cognitive plan for preventing homeless experiences (i.e., seeing a way out) can exert an influence on service use intentions un-mediated by attitudes and perceived control. Likewise, it also suggests that White British homeless people may well have more or better defined social networks than their ethnic counterparts (cf. Clinton-Davis & Fassil, 1992). As such, they may be able to draw on support from friends and family during times of need, and reduce the number of times that they look for support from intervention services.

The story was a bit less compelling for the SIT/SCT variables. The absence of predictive power offered by the theory best were highlighted by the low levels of identification with other homeless people and low levels of identification with outreach workers. As stated in Study 2, where homeless people utilise in-group solidarity with other homeless people as a buffer to their negative experiences, the greater their resilience, and hardiness in the face of exclusion and discrimination (see Simon et al. 1998). This is not endorsed here.

According to social identity theory, a lack of solidarity is characteristic of low status groups with an individual mobility belief system (Hornsey & Jetten, 2004). Permeable boundaries will promote a culture of individualism, which will prevent group members from engaging in social creativity or collective action in order to redress or redefine the injustices which its members suffer from. The social identity associated with such group membership

should be negative. As a result, a combination of social rejection and individualism could be a particularly toxic one for group members, and there is likely to be little or no protection that identification (in this case identity as a homeless person or homeless service user) would offer. This is shown in the pattern emerging, such that norms played a very restricted role in facilitating service use amongst this population of homeless people.

In general, however, this study extends the current TPB and SIT/SCT literature by examining the external influence of thinking styles on participant's service use intentions. The pattern of results indicates that homeless people see services as part of the solution to their housing, activity, and work related needs. This means, that the more preventative thinking styles homeless people can generate, the more motivated, they are to consider receiving help to cycle back into mainstream society. This is consistent with other studies examining the influence of perceived control on counterfactual generation. It has been demonstrated that people are more likely to engage in counterfactual thinking if they are looking to prepare for the future, over and above the effects of planning that might be attributed to PBC (see Roese, 1994).

Taken together, the present study shows that homeless people's evaluations of services, and the extent to which they can see the services as offering a useful way to tackle a problem – whether housing, employment or other – all determine intentions to use services. This is also supplemented by homeless people's ethnicity, such that White British individuals are less likely to use services, primarily because they are more likely to have stronger social networks to aid them. Thus, it would seem a more complete model of service provision should be built around thinking style and ethnicity to take account of these factors, as well as the traditional TPB indicators; and that such as model should also be extended to test behaviour over time (accounting for temporal stability of the model).

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4.1 Implications for Housing Research

There has been a long standing argument in the British homelessness literature, which suggests that services for homeless people should be approached or structured on the basis of the sub-populations' demographic profile (see Fitzpatrick et al. 2000). However, what this research shows is that services are primarily utilized on the basis of the advantages that the individual perceives, as well as partially motivated by the amount of control that the person feels they exercise over their input into the service itself. Christian and colleagues (Christian & Abrams, 2003, 2004; Christian & Armitage, 2002; Christian, Armitage & Abrams, 2003) have already established this as a pattern in determining the use of outreach and housing services. However, this study extends that finding and shows that homeless people effectively view all services through relatively the same evaluation/perception lens – whether they are considering their use of housing, outreach, or employment services. The information is useful for researchers and providers when considering how to strengthen homeless clients' intentions to engage in intervention programmes, that is, targeting gender will not lead to increases in service use by women, rather encouraging people to see the benefits associated with their participation, on the other hand, will.

4.2 Conclusions and Caveats

One of the many strengths associated with the present study is the design of a theory-led assessment tool for use amongst the homeless. There is also a considerably larger sample size allowing for the more reliable interpretation of the findings. Thirdly, the comparable sampling locations - Birmingham and Coventry - increases the representativeness of the sample and therefore the generalisability of the results. However, there are some potential shortcomings. One could argue that the absence of a direct measure of behaviour limits the

generalisability of the findings, making it difficult to know precisely how the samples might behave over time. However it has not been the purpose of this study to examine change in TPB variables over time.

In conclusion, the present study provides a concrete step towards understanding what motivates homeless people to make use of homeless service programmes. Based on the findings, it is important for service providers to be aware of their clients' personal appraisal (i.e., attitude) of the service, and the differential perspectives of service use between their White and minority ethnic service users. Also, by assessing homeless people's thinking styles this study provides a new avenue for understanding homeless people's motivation to service partake, and so contributes to developing our understanding and theorizing about homelessness and service utilisation.

Chapter 7

Study 4

Designing Effective Services for Homeless People:

Testing the Utility of an Efficacy-based Intervention

1.0 Introduction

An estimated £74 million are spent annually on re-housing and outreach services aimed at aiding Britain's homeless population (see the website www.communities.gov.uk). Unfortunately, 27% of the people accommodated through these intervention programmes discontinue their tenancies within six months of initial uptake (Pawson, Third & Tate, 2001). However, surprisingly little is known about what motivates homeless people to make use of such service programmes (cf. Christian & Abrams, 2003, 2004; Christian & Armitage, 2002; Christian, Armitage & Abrams, 2007). To begin redressing this gap in our understanding, Christian and Abrams (2003, 2004) and Christian, Armitage and Abrams (2007) have developed practical measures that provide a detailed picture of homeless people's perceptions towards the use of service programmes, illuminating why homeless people make a transition to being permanently accommodated.

Similarly, in a series of systematic studies, Christian and colleagues have shown that whether or not homeless people make use of services, is reliably predictable from the extent to which they feel they have the *personal resources* to sustain tenancies (Christian & Abrams, 2003, 2004; Christian & Armitage, 2002; Christian, Armitage & Abrams, 2007). These psychosocial

factors appear to play a much more immediate and direct role in service use, than simple demographic indicators such as age, and gender, meaning that the experience of 'homelessness' is not as strongly affected by socio-demographics as previously thought. One implication is that interventions should be directed towards these psycho-social influences as a means for increasing the uptake of support services by homeless people, especially in the long-term.

Furthermore, another body of literature that also has important implications for the domain of homeless people's service use, is the service provision literature. Social action and evaluation research carried out amongst the homeless population has generally looked at the effectiveness of policy or programme interventions (Block et al. 1997; Mowbray & Bybee, 1996; Hwang, Tolomiczenko, Kouyoumdjian & Garner, 2005; Rosenheck, Kasprow, Frisman & Liu-Mares, 2003; Vuchinich et al., 2009). But, largely the focus of this work is different in scope and nature to the types of services explored in this thesis. For example, studies have focused on safeguarding the health of drug dependent homeless people by ensuring the availability of immunisations (e.g., a tetanus vaccination), for those who inject illegal substances. Furthermore, other physical health and mental health issues amongst the homeless have been targeted, by improving the availability of outpatient clinics, improving access to supported housing, and supporting employment access. Yet, although these findings are interesting, these studies do not measure any increases in personal 'empowerment' as a result of the intervention administered. Thus, although services can be improved for homeless people, we do not know whether this has an impact on their personal resources to sustain housing over time.

Yet social psychology can more directly fill this gap. Within the body of this thesis and the literature it has been found that TPB variables (PBC above all in this thesis), determines homeless people's use of services. Yet, while the TPB has been used to guide a vast number of

studies leading to the prediction of behaviour, researchers have not used the framework as a tool to test a longitudinal intervention. In part, this is because they have focused on understanding the role of possible mediators and moderators on the attitude-behaviour relationship (Armitage & Christian, 2003). Thus, while other models of social cognition and regulation, such as efficacy theory, have been used to develop longitudinal tests of social participation (Ozer & Bandura, 1990), the TPB has not been studied in this way - although the theory components correlate well with behaviour, and in this instance have reliably correlated with homeless people's service use behaviours across a number of domains. In principle then, it would seem possible to design such a systematic study of temporal stability and behavioural change drawing on this framework.

1.1 Similarities between PBC & Efficacy – A Focus for Investigation

As previously explained, the addition of the PBC component in the TPB model addresses the important issue of 'incomplete volitional control' likely to characterize many more complex behaviours. In adding this to the model, Ajzen sought to explain actual control, as well as offering a measure of one's confidence in one's ability (or self-efficacy as outlined by Bandura, 1977, 1982). These views of control and personal efficacy map onto Bandura's work on self-efficacy modelling, which is the basis of his efficacy based intervention programmes to date. For example, amongst women who had experienced assault, self-efficacy modelling increased their perceived self-efficacy to fend off an assailant and increased their participation in recreational activities again (Ozer & Bandura, 1990). The modelling in this study was structured in graduated steps. Firstly, an instructor modelled a set of skills needed to escape a hold and to disable an attacker (e.g., kicks, strikes) (Ozer & Bandura, 1990). The participants performed them and where given feedback until they had successfully accomplished the skills. Participants where then shown how to disable an attacker, when approached from different positions (e.g., from behind,

frontally), then lastly, through modelling participants were taught attitudinal and verbal techniques for halting potentially assaultive encounters (Ozer & Bandura, 1990). This efficacy intervention also reduced the number of negative thoughts participants had, and lessened their feelings of vulnerability (Ozer & Bandura, 1990). Thus, the intervention served to empower the women under study (Ozer & Bandura, 1990).

Furthermore, evidence for similarities between PBC and efficacy can be derived from social psychological studies of homeless people's service use, which suggest that the TPB's construct of PBC and Bandura's concept of self-efficacy, both play a central role in the prediction of service seeking and housing seeking behaviours amongst homeless people over time (Christian & Abrams, 2004; Christian & Armitage, 2002; Epel, Bandura & Zimbardo, 1999). Collectively, these studies demonstrate housing and service seeking behaviour as a function of perceived adequate personal resources (i.e., PBC/efficacy), rather than say, normative concepts (e.g., subjective norms).

1.2 A Shift of Affect and Thinking Style Focus in the Present Study

In the present study, I examine the influence of affect and thinking style on homeless people's use of service programmes, as was the case in Study 2 (affect) and Study 3 (affect and thinking style). However, in this study I shift the focus to another type of thinking style in the form of 'time perspective'. I shift to time perspective as a measure of thinking style rather than counterfactuals, due to an interesting association between time perspective and efficacy to execute housing and employment seeking behaviours amongst homeless people. Epel, Bandura and Zimbardo (1999) found that homeless people with high self-efficacy are more future orientated, and less present orientated, and that higher efficacy meant shorter stays in emergency

accommodation, thus, it is plausible to suggest that the behavioural outcomes of an efficacy intervention may be linked to time perspective in the present study.

Also, in the present study I shift the focus from multi-item measures of negative affect (as seen in Study 2 and Study 3) to single item measures. In Study 2 and 3 of this thesis, I noticed that depression was not associated with the social psychological variables as expected, such that depression was not associated with TPB variables- intentions, attitudes, subjective norms and PBC. Considering the lessons learned from Study 1 and 2 of this thesis, that is the importance of the ecological validity of measures (Toro et al. 1991) and the utility of single item measures for this domain of homeless service use I wanted to test the utility of single item measures of affect to see whether meaningful links between affect and social psychological variables could be established. Also, at this point in the research programme, I realised that depression may not be the only negative affect that homeless people experience. Therefore I also examined feelings of helplessness, anger and guilt to further understand negative affect as part of the homeless person's experience.

1.3 Research Questions

The overall aim of this study is to test the utility of an efficacy based intervention on homeless people, aimed at increasing PBC while decreasing negative affect- themes that have emerged throughout the programme of research. Specifically, the research questions are:

1. To test the impact of efficacy intervention on the empowerment of homeless people.

2. To examine the relationship between variables over time to test their stability.

3. To examine time perspective as an alternative measure of 'coping' thinking style.

4. To establish if concise tools will allow a stronger relationship between affect and social

   psychological variables than shown in the previous studies of this thesis.

1.4 The Present Study

   Overview of Homeless Service Provision Context. Study 4 was conducted in Birmingham,

England. As outlined in earlier empirical chapters of this thesis, Birmingham is home to 16,478

of the UK's 890,681 homeless people (Census , 2001[1]). It also has a well-established system of

housing and other outreach services (Randall & Brown, 1993, 1995, 1996, 2002a, 2002b).

Birmingham operates systems of services networked by "joined up thinking" as outlined by

Anderson (1994). Such attempts to organize services means that the government co-ordinates the

efforts of service providers, both to alleviate overlap and minimise any duplication of providers'

efforts. Yet, although Birmingham operates such a network, the one implemented in central

London is by far one of the most developed (Fitzpatrick et al. 2000), and so it is used to inform

provision in Birmingham and other regions of the country.

   Overview of Present Study Procedure. At the first point in time in the present study,

homeless people from a range of locations in Birmingham were interviewed using a structured

format to measure the theoretical variables specified by the TPB, SIT/SCT and Bandura's self-

efficacy model. Two weeks later, I returned to conduct the intervention session, aimed at

improving housing outcomes, more favourable attitudes, increasing intentions and PBC/Efficacy,

as well as decreasing negative affect (see Ames et al. 2005; Francis & Pennebaker, 1992;

Pennebaker, 1997, 2007). This was immediately followed by a second questionnaire measure.

Then, at four weeks after the intervention and 6 months after the intervention, a behaviour

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[1] See www.birmingham.gov.uk.

measure was obtained (i.e., participants housing outcome). Furthermore, 6 months after the intervention an objective measure of behaviour was also gained (i.e., participants engagement with housing related activities).

2.0 Method

2.1 Participants

All participants were seeking housing and support assistance. The homelessness definition outlined in the Housing Act 1977 and the Rough Sleeper's Initiative 1987 was used in the present study. It defines homelessness as housing instability ranging from 'rough sleepers' (i.e., persons sleeping out-doors, in squats, or in other unconventional housing not intended for human habitation) to statutory homeless people (i.e., persons deemed eligible for housing assistance, who are unintentionally homeless, and falling within a priority need category).

The participants were 46 homeless men from Birmingham, England, ranging in age from 21 to 62 ($M = 38.63$, $SD = 11.54$). All participants were selected from service programme locations in greater Birmingham. Also, the men were predominantly: White British (59%); single (87%), reporting limited educational achievement (52%), but with recent employment experiences prior to their current experience of housing instability (41%), with extensive service utilization histories (78%). On average, the participants had spent 6 months in their current place of temporary accommodation, residing at the hostel from which they were sampled. Four hostels were sampled from in total, which all served men only (2 large and 2 small hostel facilities). In general, the profile of the participants reflects the pervasive patterns reported in the single homeless literature (Anderson, 1994; Burrows, 1997; Fitzpatrick et al. 2000).

2.2 Sample Selection and Recruitment

Prior to this study, interviews were conducted with experts working with the homeless population in Birmingham (consistent with procedures used in Study 1, 2 & 3). This information was viewed alongside comprehensive sources listing all service providers for the West Midlands region. The resulting information was used to compile comprehensive lists of agencies providing services for homeless people. Next, these service facilities were contacted. The principal consideration when approaching these services was the location and size of the population or sub-population served, so I pursued a mixture of large and small facilities because there are differences in the types of services offered. Smaller facilities will offer either supported housing or floating support to homeless people, whereas larger facilities will provide both. Furthermore, smaller facilities will often limit their service provision to sub-groups of the homeless population, such as those with mental health issues or substance misuse problems, whereas larger facilitates will accommodate for varying needs of the homeless population.

However, the desire for cross sectional diversity of sampling and recruitment, was carefully balanced against the practical issues associated with the implementation of the intervention, and collecting a follow up measure of actual behaviour. As such, once service staff agreed for their facility to take part, they identified participants for the study. As highlighted by Toro et al. (1999), participants were selected from registers, but "availability and willingness also played a key role". Overall, there was a 50% rate of participation from participants in hostels, but an attrition rate of 14% between Times 1 and 2.

2.3 Measures

Pilot Study. Pilot interviews were conducted with 12 homeless people to ensure the items were suitable. The resulting information was used to construct the interview-based schedule.

Unless otherwise noted, question items were coded using a five-point scale ranging from (1)

disagree completely through to (5) *agree completely*. The measure consisted of the following

items (see Appendix E):

2.3.1 Pre-intervention Measure

Behavioural intentions. Behavioural intention items were: "I intend to use a housing

programme this month", "I am likely to use a housing programme this month", "The chances are

that I will use a housing programme this month," (scored 1= *strongly disagree* through to 5=

strongly agree). The mean of the 3 items was taken as a reliable measure of intention to use a

housing programme ($\alpha = 0.63$).

Attitude. Participants were presented with the statement: "Using a housing programme

this month would be". Three response options were provided: important/unimportant;

satisfying/un- satisfying; positive/negative," on 5 point scales ($\alpha = 0.60$). The mean of the 3 items

was taken as a measure of attitude towards the use of a housing programme.

Subjective norms. Participants were asked if they felt that friends and families influenced

their decision to participate in housing programmes. Both referent beliefs and motivation to

comply were assessed. For example, "Those who are important to me think that I should use a

housing programme this month" (referent belief); and "By using a housing programme this

month I want to do what pleases those who are important to me," (motivation to comply) (scored

1 = *disagree completely* through to 5 = *agree completely*). The mean of the 2 items was taken as

a measure of norms (i.e., social referent influence towards programme utilisation).

Perceived behavioural control. Two items tapped perceived behavioural control: "It is

easy for me to use a housing programme this month" and "I can easily use a housing programme

this month," (scored 1 = *disagree completely* through to 5 = *agree completely*) (α = 0.72). The mean of the 2 items was taken as a measure of perceived behavioural control towards the use of a housing programme.

Participant Behaviour (Efficacy). Four items were used to measure participant behaviour towards seeking longer-term accommodation. These included how often participants (a) met with their key workers with the aim of reviewing housing applications, (b) acquired information (e.g., online, at the library/ neighbourhood office), (c) chased up the status of your housing application with the Local Authority (d) engaged in skills needed to secure the housing (e.g. budgeting). Each item was scored 0 (*never*) to 5 (*very often*).

Avoidant Behaviour (Efficacy). Four items were used to measure avoidant behaviour towards seeking longer-term accommodation. The items measured how often participants avoided (a) meeting with your key worker, (b) finding information on the availability of longer-term accommodation (e.g. online, at the library/ neighbourhood office), (c) chasing your housing application with the Local Authority, and (d) engaging in skills needed to secure housing (e.g., budgeting). Each item was scored 0 (*never*) to 5 (*very often*).

Identification. Seven items measured social identification. These included statements such as, 'I am currently a member of several different groups' and 'I have strong ties with several different groups'. Each were scored 1 (*disagree completely*) to 5 (*agree completely*). The mean of the 7 items was taken as a measure of identification with a social group (i.e., other homeless service users, or service staff) (α = .74).

Time Perspective. Ten items were derived from the Zimbardo Time Perspective Inventory (ZTPI; Zimbardo & Boyd, 1999). These were used to assess participants' time perspective. The ten questions tapped both *present, future and past* time orientations (e.g.,

present 'taking risks keeps me from being bored' (5 items), future 'I think it's more important

to do what I want to do now, than to get some required job done on time' (2 items), past 'I think

about negative things that have happened in the past' (3 items)). All items were scored 1 (*Very*

Uncharacteristic) to 5 (*Very Characteristic*). Notably all the items were negative in nature,

rather than positive (e.g., 'I feel good when I think about the past', thus the mean of the 10

items was taken as a measure of '*negative time perspective*' ($\alpha = .64$).

Affect. Four items were used to assess participants' affect. These included items tapping:

Depression, helplessness, anger, and guilt. Items were scored 1 (*disagree completely*) to 5 (*agree*

completely). All items were negative, thus in this study, affect is referred to as '*negative affect*'.

Socio-demographic characteristics. Participants' service histories (i.e., their length of

time without permanent housing), their length of time spent within the homeless hostel, their

level of education/type of employment training, as well as age, ethnicity, and marital status were

recorded using open-ended questions. Ethnicity and marital status were dummy coded for the

purpose of statistical analyses. However, aside from age, these variables did not contain sufficient

variation to be used in the analyses that follow.

2.3.2 Post-intervention Measure.

The same interview-based schedule was administered to participants as the post-

intervention measure at Time 2- immediately following the intervention, however negative time

perspective and socio-demographic characteristics were not assessed again (see Appendix F). All

composite measures were considered reliable with alpha coefficients ranging from .87 to .98.

2.4 Procedures and Administration of the Measures.

Pre-Intervention Measure. Consistent with procedures outlined in the literature, homeless

people were approached at lunch tables in facilities, or they were randomly selected from daily

registers (Toro et al., 1999; also see, Christian & Abrams, 2003, 2004; Christian, Armitage & Abrams, 2003, 2007). Next, I asked participants if they would consider giving their views about housing service programmes. All participants were told that their responses would be kept confidential, and that their assistance would not affect their future opportunities to use the services. Interview schedules were administered verbally and on a one-to-one basis. This widely accepted procedure minimizes the effects of illiteracy on responding (Christian & Armitage, 2002). Each pre-test interview lasted approximately 30 minutes, and participants were given a small gift (i.e., chocolate or tea and biscuits) during the measure administration.

Intervention. Two weeks after the Time 1 questionnaires were administered, all participants took part in the intervention. Having gained experience in working with homeless people and service providers over the course of my PhD, I felt equipped with the necessary research skills required to carry out an intervention with the homeless population, so no further training was needed. I designed the intervention based on Bandura's notion of increasing efficacy, thus it centred on enabling participants to feel more in control of their housing instability experience. The intervention was not manual based, essentially it was based on the principles of mastery (i.e., behavioural accomplishment), given that they represent the most effective means for increasing personal and task related efficacy (Bandura, 1977, 1982), I expected the intervention could facilitate an increased effort towards behavioural performance (i.e., housing related behaviour amongst homeless people).

Participants received the intervention in groups of 3-5, where I was the sole facilitator. Previous research has shown a group format for intervention to be effective (Ozer & Bandura, 1990). The intervention consisted of two sections. The first section of the session (20 minutes approx.), was designated for listening to their experiences of unstable housing and homeless

service use, so in this way, participants would make a contribution to the session which was hoped to facilitate the increased feeling of control/ empowerment I anticipated amongst participants. Participants were asked to discuss topics surrounding housing access, such as steps they have taken to secure long term housing, and whether they felt they needed the support of others to gain access to permanent housing.

Within the second section of the session (20 minutes approx.), I demonstrated a table for keeping a record of future events (e.g., rent payments), and participants were asked to 'model'/ create their own personal table for record keeping. The table required participants to record the following information: the date of due rent payments, how much was to be paid, who/where was the rent to be paid, have they paid the rent (or not), and, are they prepared for their next rent payment. In this way, it was hoped participants would feel more in control of/ empowered towards their upcoming life events, and feel less dependent on service staff during their time within hostels. Participants were provided with the necessary writing materials (i.e., a booklet and pen) to complete the task. In all the intervention session lasted for 40 minutes, which was a shorter amount of time for an intervention than found in Ozer and Bandura's (1990) paper, but, owing to the busy nature of homeless services and service providers, and the daily routines of these services (e.g., mealtimes, key worker visits), the length of each intervention session could not be longer. Apart from this, there were no other issues arising from the intervention.

Post-intervention Measure. Following the completion of the intervention, a Time 2 questionnaire was administered in the same method as the Time 1 questionnaire. Again, it took 30 minutes to complete. Participants were then thanked and debriefed.

Behaviour Measure. Four weeks after the post-intervention measure had been administered, participants were monitored for their use of housing programmes. Consistent with

prior arrangements made between myself and the facilities, housing programmes were checked and their records were audited to determine whether participants had continued to take part in services over the course of the four consecutive weeks. Participants were assigned an overall score of 0 if they did not participate and 1 if they did participate. For the 8 participants whom had moved on from the facilities, there was no additional information as to whether the move was for a positive reason (i.e., to more permanent accommodation), or whether it was for a negative reason (i.e., a break down in the temporary tenancy with the sheltered accommodation facility).

Follow up Behaviour Measure. Six months after the post intervention measure had been administered, participants use of the service programmes were monitored again. Members of service staff were contacted and their records were again audited to determine whether participants had continued to take part in the service over the last six months. Participants were assigned an overall score of 0 if they did not participate (i.e., they had moved on from the service) and 1 if they did participate (i.e., they were still residing in the service).

Objective Measure of Behaviour. An objective measure of behaviour was gathered at 6 months after the intervention, that is, whether participants were still making use of a personal table to keep a record of up-coming events ($N = 9$). Participants were assigned an overall score of 0 if they did not make use of a booklet, and 1 if they did make use of a booklet.

3.0 Results[2]

3.1 Temporal Stability of the TPB and SIT/SCT models: Relationships between Key Variables

Time 1 Relationships. Table 9 illustrates the inter-correlations between key study variables. It clearly demonstrates strong relationships between attitude, intentions, efficacy and

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[2] Initial analyses screened for multivariate outliers and revealed no cases that were excluded from the analysis, leaving 46 cases of the 46 cases for use in the procedures (46 men).

perceived control at Time 1 and Time 2. At Time 1, the pre-intervention stage, intentions significantly correlate with attitudes as well as PBC and efficacy, but they have no relationship with subjective norms. Identification also influenced behavioural intentions at Time 1, indicating that the normative influence on behavioural intentions is derived from perceived membership within a specific group, rather than a social referent. Also, somewhere between initial intentions and behaviour, participants develop a greater sense of negative affect (i.e., helplessness), and this appears to motivate potential move on into more stable housing, more than other social cognitive factors ($r = 0.29$, p < 0.05).

Following on from this, Table 9 also shows an interesting, strong correlation between PBC and Efficacy suggesting that participants who felt more in control and held a more positive view of themselves, were more likely to participate in issues related to housing or resettlement (i.e. following up on housing applications) ($r = .49$, $p < 0.01$; Participant Behaviour and PBC). Also, the positive correlation between identification and negative time perspective is also worth commenting on, as it suggests that participants' negative thinking style can be influenced by the level of identification with certain groups. Hence, rather than deriving more of the positive group characteristics that would lead to solidarity, these homeless people appear to think on and take away the more negative aspects of the identification. This is also demonstrated in the strong correlations between negative time perspective and negative affect, such that a negative thinking style increases perceptions of depression, helplessness, anger and guilt.

Time 2 Relationships. At Time 2- post intervention, intentions significantly correlated with attitude, but at this time point there was no relationship with PBC or subjective norms. Efficacy and identification also did not influence intentions at Time 2. Thus, only the influence of attitude on intention remained stable over time. It could be, that after the intervention,

participants felt they had enough control over service use, and thus now it has become 'less sought after' or needed to make service used decisions. The lack of identification-intention stability over time can be explained by, at post intervention participants realise they no longer need the assistance of 'others' to engage in housing related behaviours.

Also, there are notable correlations between TPB constructs and negative affect, such that attitude is negatively correlated with anger so more favourable evaluations of service use influence lower levels of anger. Another affect finding, is that greater PBC over one's situation is associated with lower levels of depression amongst homeless participants. Likewise, greater perceptions of one's capability to perform house seeking behaviours influences more positive affect, similar to those trends reported by Epel et al. (1999). And, efficacy perceptions were linked to levels of identification with other homeless people, such that greater efficacy was reported by those whom identified less with the identity of homelessness.

Lastly, the behaviour measure (i.e., whether participants are still residing in hostel accommodation) is only correlated with age at Time 2 ($r = .508$, $p < 0.001$) suggesting that older participants are still residing within services after 6 months. Thus, they appear to have the most difficult time cycling back into mainstream housing.

3.2 Testing the Effectiveness of the Intervention.

To examine the longitudinal nature of the data, and to test the effectiveness of the intervention, I explored whether there were changes in psycho-social variables from Time 1 to Time 2 scores respectively. Firstly, I ran paired t-test analyses to check for any significant changes in study variable means from Time 1 to Time 2. The results showed that PBC scores increased from Time 1 to Time 2 ($t (39) = -3.56$, $p = 0.01$; Time 1 $M = 3.13$, Time 2 $M = 4.24$), thus, as expected perceptions of control over house seeking was enhanced as a result of the

PBC/efficacy based intervention, that is, the intervention enhanced participants' awareness that one can be in control over housing behaviours. Furthermore, negative affect decreased over time, such that levels of depression (t (39) = 2.43, $p < 0.05$; Time 1 $M = 2.95$; Time 2 $M = 2.30$) and helplessness were decreased from Time 1 to Time 2 (t (39) = 2.583. $p < 0.05$; Time 1 $M = 2.58$; Time 2 $M = 1.82$). Thus, as participants enhanced control over their lives as a result of the intervention, they reported being happier and less depressed. T-test analyses did not show intentions, attitudes, or efficacy to change at Time 2.

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Table 9. Descriptive Statistics and Intercorrelations: Time 1 (below diagonal, N = 46), Time 2 (Above diagonal, N = 40-46)

Variable	Mean	Std. Dev	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1. Behav	0.83 (0.20)[3]	0.38 (0.40)	--	.01	.26	-.02	.14	.16	-.29	-.26	.08	-.12	.07	.26	-.11	a	b	.01	-.02	-.20	.17	.51**
2. BI	4.46 (4.39)	0.97 (0.98)	-.16	--	.50**	.20	.14	.39*	.03	.24	-.18	-.37*	.01	-.28	.18	-.34	b	.07	.02	-.12	.22	-.20
3. ATT	4.02 (3.76)	1.03 (1.21)	.05	.34*	--	.19	-.02	.35*	.05	-.04	-.07	-.33*	-.08	.11	-.04	-.01	b	.01	-.06	-.37*	.26	.04
4. SN	3.58 (3.33)	1.14 (1.42)	.08	.19	.33*	--	.02	.02	-.10	-.15	-.00	.00	.03	.15	.01	-.17	b	.01	.04	-.21	.18	-.41**
5. PBC	3.05 (4.24)	1.90 (1.50)	-.01	.33*	.10	.07	--	.28	.11	.31	.09	-.26	-.25	-.35*	-.12	.17	b	-.32*	-.23	.02	-.22	.10
6. PBEff1	3.48 (3.03)	2.04 (2.24)	-.03	.31*	.13	.34*	.18	--	.22	.20	.20	-.98**	-.38*	-.26	-.22	-.81**	b	-.16	-.26	.04	-.23	.08
7. PBEff2	3.39 (3.43)	2.19 (2.04)	-.20	.23	.18	-.17	.06	-.01	--	.32*	.15	-.85**	-.35*	-.12	-.01	-.26	b	-.26	-.43**	-.11	-.47**	.04
8. PBEff3	1.67 (1.75)	2.36 (2.32)	-.19	.25	-.05	.02	.49**	.14	.32*	--	-.10	-.27	-.29	-.94**	.03	-.39	b	-.20	-.08	.31	-.21	-.17
9. .PBEff4	2.80 (3.25)	2.37 (2.22)	.18	-.25	-.07	.20	.09	-.05	.04	.09	--	-.19	-.12	.07	-.93**	-.04	b	-.12	.02	.08	-.21	.21
10. ABEff1	1.74 (2.18)	2.10 (2.26)	.05	-.30*	-.10	-.35*	-.22	-.98**	.02	-.18	.06	--	.40*	.30	.23	.82**	b	.14	.26	-.07	.25	-.04
11. ABEff2	1.71 (1.73)	1.20 (2.09)	.20	-.24	-.20	.18	-.07	.00	-.98**	-.35*	-.03	-.01	--	.34*	.08	.07	b	.29	.42**	.08	.45**	-.13
12. ABEff3	3.35 (3.20)	2.40 (2.39)	.19	-.24	.04	-.04		-.13	-.31*	-1.00**	-.11	.18	.34*	--	-.11	.39	b	.29	.16	-.26	.26	.11
13. ABEff4	2.33 (2.03)	2.38 (2.33)	-.16	.22	.05	-.20	-.08	.02	-.10	-.13	-.99**	-.03	.09	.14	--	.14	b	.08	-.02	-.08	.17	-.20
14. ID	3.19 (2.08)	1.13 (1.03)	-.07	.30*	.10	.02	.01	.01	.21	.13	.12	-.04	-.22	-.13	-.17	--	b	-.46	-.05	.48	.31	.04
15. Time	3.10	0.66	.14	-.13	-.19	-.23	.04	-.07	-.20	.03	.08	.10	.22	-.02	-.05	.31*	--	b	b	b	b	b
16. Depress	2.83 (2.30)	1.70 (1.42)	.02	.07	-.00	-.09	.26	-.13	-.20	.25	.11	.10	.19	-.24	-.07	.12	.48**	--	.38*	.27	.55**	-.05
17. Helpless	2.43 (1.83)	1.71 (1.38)	.29*	-.03	.13	-.11	.09	-.21	-.10	-.02	-.10	.22	.11	.03	.14	-.06	.45**	.52**	--	.02	.24	-.15
18. Angry	2.61 (2.23)	1.69 (1.51)	.10	-.33*	-.25	-.07	-.04	-.09	-.26	.14	.26	.06	.24	-.15	-.22	-.05	.39*	.61**	.15	--	.08	-.15
19. Guilty	2.70 (2.20)	1.75 (1.51)	.07	-.02	-.12	-.01	.03	.17	-.14	-.04	.15	-.20	.15	.04	-.10	.10	.39*	.32*	.28	.23	--	.08
20. Age	38.59	11.53	.11	-.23	-.05	-.06	-.10	.01	-.14	-.02	.33*	.03	.13	.02	-.30*	-.24	-.01	.03	-.00	.20	.17	--

Notes:
[1] $p < $ * .05; ** .01.

[2] Behav = behaviour, BI = behavioural intentions, ATT = attitude, SN = subjective norms, PBC = perceived behavioural control, PBEff1 = participant behaviour (efficacy) How often do you: Meet with your key worker?, PBEff2 = participant behaviour (efficacy) How often do you: Find information yourself (e.g. online, library, neighbourhood office), PBEff3 = participant behaviour (efficacy) How often do you: Phone council/support workers to chase your application, PBEff4 = participant behaviour (efficacy) How often do you: Practice independent living skills (e.g. food shopping on a budget), ABEff1 = avoidant behaviour (efficacy) How often do you avoid: Meeting with your key worker?, ABEff2 = avoidant behaviour (efficacy) How often do you avoid: Finding information yourself (e.g. online, library, neighbourhood office)? ABEff3 = avoidant behaviour (efficacy) How often do you avoid: Phoning council/support workers to chase your application, ABEff4 = avoidant behaviour (efficacy) How often do you avoid: Practicing independent living skills (e.g. food shopping on a budget), ID = Identification, Time = Negative Time Perspective, Depress = Depression, Helpless = Helplessness

[3] Information reported in parentheses pertains to Time 2.

[4] When interpreting these correlational relationships, consider that when adjusted with Bonferroni correction (e.g., $p = 0.005$), they may appear to be non-significant.

[a] Correlation cannot be computed because at least one of the variables is constant.

[b] Time perpective not measured at Time 2.

4.0 Discussion

This study uses the TPB as a framework for testing a longitudinal intervention into service use behaviour amongst homeless people. The advantage of this design is that it allows for empirical testing of the temporal stability of the model components, examines the outcome of manipulating perceived control/efficacy, and speaks to the interesting pattern that emerges when trying to implement 'self-help' programmes for the homeless.

4.1 Theoretical Implications

Temporal Stability of the TPB and SIT/SCT models. The pattern of relationships between study variables support the utility of the TPB and SIT/SCT models in determining homeless people's intentions to participate in housing related activities. Consistent with prior social psychological studies, attitude, PBC and a separate construct of Efficacy influenced intentions such that more favourable appraisals of services, and greater perceptions of control over house seeking, influenced homeless people's intentions to perform housing related behaviours within services (Christian & Abrams, 2004; Christian & Armitage, 2002; Epel, Bandura & Zimbardo, 1999). Furthermore, identification determined intentions at Time 1, such that greater identification with a social group influenced greater intentions to participate within housing programmes. I suggested that, participants perceive housing related activities to be a group effort prior to the intervention, that is, they prefer to engage in activities with friends in the service, rather than alone at this stage.

However in the prediction of behaviour at Time 1, the story for the TPB and SIT/SCT is not so compelling, as only negative affect influenced behaviour such that greater levels of helplessness determined housing related behaviour. On this basis, it would seem that negative

affect outweighs the effect of TPB and SIT/SCT variables on behaviour, which refutes the postulation of the models. Furthermore, at Time 2, support for the TPB and SIT/SCT is again un-evidenced, except for the correlation of attitude with intentions. Here the influence of attitude on behaviour is shown to be stable over time, however, PBC, Efficacy and identification no longer predicted intentions at Time 2, which does not demonstrate the temporal stability of the models. I suggested that (a) the intervention enhanced PBC/efficacy to a level where it was no longer salient for service participation (i.e., participants were not pre-occupied with thinking about how they were to gain control) post intervention, and (b) at post intervention, advice from service staff, or other homeless people was not used to inform service participation plans (intentions), because participants felt more confident about their own personal resources.

Also, interestingly helplessness no longer determines intentions, rather at Time 2 age influences intentions such that older participants find themselves residing in housing services. A possible explanation could be that the negative experience of homelessness leaves individuals with salient negative feelings which facilities their action (or lack of action) as the case may be, but after increasing levels of control as a result of the intervention, feelings of helplessness no longer play a role. Instead, at Time 2, what influences behaviour is the age of participants, that is, older participants tend to remain within services and tend not to transition into more permanent housing. At post intervention, mainly older participants remain in hostel accommodation despite intervention because they prefer an intensive level of support perhaps, because they are retired, physically disabled, or have a low social support network outside the hostel facility.

Effectiveness of the Intervention. As a result of the PBC/Efficacy intervention, a perception of control, amongst homeless participants was enhanced as expected (see Ozer & Bandura, 1990). Furthermore, negative affect (i.e., helplessness and depression) was also

decreased. These findings give partial support to the utility of the TPB variables, to change over

time as a result of an intervention targeted to induce such change- in this case a PBC/Efficacy

intervention. Intentions, attitude and efficacy did not significantly change between pre and post

intervention. Taken together, the effects of the intervention give partial support to the TPB as a

useful point of attack if we are to change behaviour. Also, it should be noted that the lack of

change in subjective norms, and identification over time was expected, because the intervention

targeted personal resources, rather than a social referent, or group resource.

4.2 The Shift of Focus in Thinking Style and Negative Affect

The inclusion of negative time perspective at Time 1 in this study helped to explain a lack

of evidence for the role of SIT/SCT in homeless people's service participation in this study. At

Time 1, it could be that participants perceive identification with groups (i.e., solidarity with other

homeless people, or service staff) as a precursor to a negative outlook on life, thus they prefer to

adopt a culture of individualism to protect themselves, especially when a higher level of negative

time perspective also influences greater negative affect- which this study also demonstrates.

Lastly, this study also reveals the utility of single item measures of affect in the domain of

homeless people's service use. In Study's 2 and 3, multi-item measures of depression were

unrelated to TPB constructs, yet in this study, lower levels of negative affect assessed with single

item measures of depression and anger were linked to more favourable evaluations of services

(attitudes) and greater perceptions of control (PBC)- post intervention.

4.3 Summary

Taken together, the results of the present study can be grouped into 3 sections. First is the

temporal stability of the TPB and SIT/SCT models, which shows to be questionable in this

context of homeless people's service use. The story was compelling for the theories at Time 1,

such that attitude, PBC, efficacy and identification determined homeless people's intentions to take part in housing behaviours. However, at Time 2, only attitude determined intentions, thus perhaps participants had reached an adequate level of PBC and efficacy so that it was no longer important to determine service use. Also, having developed their personal resources as a result of the intervention, perhaps it was no longer important for others (e.g., service staff) to assist in service use. Second, is the effectiveness of the intervention, where as expected, PBC increased, and negative affect decreased. Third, the shift of 'thinking style' focus from a counterfactual measure in Study 3, to a measure of time perspective (i.e., negative time perspective) in the present study proved useful for explaining a lack of normative influence on intentions and behaviour, such that participants may fear service participation will only strengthen any negative outlook they have on life. Furthermore, the use of single item measures of affect to establish relationships with psycho-social variables proved successful, as lower levels of negative affect determined more favourable attitudes, and perceived control and efficacy post intervention.

4.4 Implications for Housing Research

Prior social action and evaluation research have conducted interventions with homeless populations, yet many are derived from policy, and only address physical and mental health issues, such as drug dependence (Block et al. 1997; Mowbray & Bybee, 1996; Hwang et al. 2005; Rosenheck et al. 2003; Vuchinich et al., 2009). However, this research shows that social psychological interventions are useful for tackling homelessness issues, such that they encourage 'empowerment' amongst homeless people (i.e., they increase perceptions of control over service participation, and decrease negative affect stemming from the experience of homelessness). Although Christian and colleagues demonstrated the utility of the TPB model for housing and outreach service use, they did not operatonalise TPB constructs into an intervention. This study is

the first to do this, extending our knowledge of the utility of the theory in this domain. Essentially, the information contained in this study is useful for researchers and providers when considering how to enhance service use behaviours. That is interventions based on demographic characteristics will not increase engagement, but one which targets PBC and efficacy will.

4.5 Conclusions and Caveats

One of the key strengths of this study is the design and conduct of a theory-led intervention, based on a component of the TPB (i.e., PBC/efficacy), thus this study gives a label to the 'empowerment' and 'personal agency' considerations in earlier housing research (e.g., Brown, 1978). On the basis of this study, we know that an intervention targeting perceptions of control will actually increase perceptions of control, and decrease negative affect, which in turn encourages greater housing related behaviours in preparation for successful housing transitions amongst homeless people. On the basis of the findings it would also seem that homeless people need to lower their levels of negative affect, if they are to increase their personal resources, and housing related behaviours, a finding that is novel to the remit of homelessness intervention research. Further study could thus test the effectiveness of the intervention at a third point in time, to see if there is a change in attitude perhaps, once negative affect has decreased further.

In conclusion, the present study provides a concrete step towards understanding the type of intervention that is useful for encouraging housing stability amongst homeless people. Based on the findings, researchers and service providers are now in the knowledge of the utility of a PBC/control, intervention, such that it will both stimulate greater control over service participation for homeless people, and allow them to feel better about themselves during such a negative experience. The reduction of negative affect is particularly noteworthy, as over time such reductions may induce change in other personal resources for service use, for example

personal evaluations of the service may improve (i.e. attitude) given enough time. That being so, the individual will strengthen their use of independent thought to sustain independent and permanent housing long-term.

Chapter 8

General Discussion

1.0 Introduction

This thesis drew upon both the theory of planned behaviour (TPB) and social identity theory/self-categorisation theory (SIT/SCT) models as a framework, to investigate homeless people's use of service programmes in the West Midlands, UK. I investigated additional avenues within the TPB, that is, the influence of social identity/self-categorisation including self-esteem, affect, coping thinking style, past behaviour, and socio-demographics. Collectively, the studies demonstrate that in the context of homelessness, the TPB should include additional constructs that pertain to the experience of homelessness. Secondly, I tackled methodological issues derived from prior social psychological work in this field (e.g., Christian & Abrams, 2003, 2004; Christian & Armitage, 2002). Thus, I examined single item measures of the theoretical constructs, as well as an index of service use behaviours (i.e., different types of service participation). Furthermore, I tested the effects of a PBC/Efficacy intervention on homeless people's service use, and having run this type of investigation, I also examined the temporal stability of the TPB and SIT/SCT models. In this chapter, I synthesise the themes that arise from the studies, discussing the theoretical implications of the findings. Then I discuss a model of homeless people's service use based on the thesis findings, and the implications for homelessness research and practice. The chapter concludes with a discussion on the caveats and areas for future research drawn from the studies, and a reflection on the personal lessons I have learned from this research programme.

2.0 Methodological/Measurement Contributions

One of the main concerns of this thesis was to explore methodological issues–measurement issues–associated with the application of both TPB and SIT/SCT models within applied settings. Firstly, ensuring the ecological validity of measures has been a main consideration throughout this research programme, because not doing so would have greatly restricted the quality of the findings. In Study 1, I learned the importance of gaining advice from service staff when creating interview measures, and the importance of piloting questions prior to administering the main measure. Thus, within all studies of this thesis, the experience of service providers was called upon, to gain a better understanding of homeless people. And, measures were always piloted to ensure that homeless people understood them prior to administering a main measure.

Secondly, in Study 2, this thesis tackled the methodological issue of using multi-item measures to tap TPB and SIT/SCT constructs (cf. Christian & Abrams, 2003). I proposed that multi-item measures produced lengthy questionnaires, and in practice service providers would be under time constraints to meet the needs of a diverse homeless population. Thus, I suggested that single item measures of TPB and SIT/SCT constructs would produce a more concise assessment tool for use within homeless service facilities. In support of this view, the use of single item measures did not limit the findings, as they identified a strong influence of PBC on homeless people's service use intentions. Furthermore, the assessment of single items functioned as a manipulation check, against prior social psychological studies in this domain, strengthening the argument that the TPB and SIT/SCT models are robust assessment frameworks.

However, the same success was not evidenced in Study 3, when thirdly; this thesis applied a multi-index of service use behaviours (i.e., seeking long-term accommodation,

taking part in activities, and accessing employment/training) to the investigation of homeless people's service use intentions. I highlighted that prior social psychological studies in this domain had only assessed general measures of service use (Christian & Abrams, 2003, 2004; Christian & Armitage, 2002), and thus there may be a difference in the pattern of relationships between TPB constructs when applied to different aspects of service use. However, preliminary analyses did not show any difference in the way the service use behaviours were determined, suggesting that homeless people determine their intentions towards service use through the same lens. That is, perhaps each service programme is targeted towards the same basic goal-directed behaviour–ending their homelessness and encouraging them to cycle back into mainstream society.

Furthermore, Study 3 also embarked upon a fourth methodological issue, that is I sampled from both large and small city locations (i.e., Birmingham and Coventry) to establish whether homeless people determined their service use differently in these locations. However, preliminary findings did not support this expectation, as participants responded in similar ways regardless of the types of services within their location. It could be, that the homeless people sampled made use of services in both Birmingham and Coventry, although they were sampled from their respective areas.

Lastly, Study 4 undertook 2 methodological issues. The first was to design and conduct a social psychological intervention on homeless people's service use behaviour derived from the TPB. This study is the first to tackle this issue, as prior social psychological studies in this domain have centred on testing moderating and mediating constructs within the TPB. Thus, I drew upon the work of Bandura and efficacy theory (Bandura, 1977, 1982), where interventions based on control have been implemented to increase feelings of empowerment amongst vulnerable people (see Ozer & Bandura, 1990). Also, based on the

findings in Study 2, such that PBC strongly influenced intentions, and that PBC captures

efficacy as postulated by Ajzen (1988, 1991) it seemed plausible to 'operationalise' the PBC

construct into an intervention, drawing on the work of Bandura. So, I conducted the

intervention, incorporating the element of 'mastery experience' which prior studies show to

be important in PBC/Efficacy interventions (see Ozer & Bandura, 1990). Results showing the

effectiveness of the intervention revealed an increase in PBC and a decrease in negative affect

(i.e., depression and helplessness) as a result of the intervention. On this basis, this study

makes a novel contribution to social psychological research into homeless people's service

use, such that an intervention on the basis of control, can enable homeless people to feel more

empowered (i.e., happier and in control of day to day tasks) which equips them for

independent housing in the long-term.

Furthermore, in Study 4 I conducted a longitudinal investigation of homeless people's

service use behaviour, testing the temporal stability of the TPB and SIT/SCT models. The

pattern of relationships between the measures at Time 1-pre intervention show that attitude,

PBC, Efficacy and identification each were correlated with intention. However, at Time 2-

post intervention, only attitudes determined intentions, such that the benefits of service use

remained an important consideration for homeless people, in their decisions to use services.

Perhaps, because attitude did not change as a result of the intervention, participants still

pursue a favourable evaluation of the service which they use to weigh up their intentions.

Also, I suggested that as a result of the intervention, perhaps participants had established

enough control such that (a) desires to gain control were no longer salient for formulating

intentions, and (b) participants want to engage in housing related behaviours independently,

rather than refer to service staff or peer assistance.

3.0 Theory Extension Contributions

The most popular model used for the examination of the intention-behaviour relationship in social psychology has been Ajzen's TPB. Intentions, attitudes, subjective norms, and PBC derived from the theory, all account for the total variance in behaviour, in a variety of social and health contexts (see Armitage & Conner, 2001; Cooke & Sheeran, 2004; Downs & Hausenblas, 2005; Rivis & Sheeran, 2003 for meta- analytic reviews). However, Ajzen (1991) also stated that in some behavioural domains, additional variables may be included in the model if they account for a proportion of the variance in either intentions or behaviour, and thus a trend for social psychological research is to explore these additional avenues (see Armitage & Connor, 1998). The avenues of extension examined in this thesis included: social identification/self-categorisation and self-esteem principles derived from SIT/SCT (Tajfel & Turner, 1979), 'coping' thinking styles, affect (i.e., depression, and in Study 4 also helplessness, anger and guilt), past behaviour and ethnicity.

Social Identity/Self-Categorisation and Self-Esteem. Turning to social identification first, previous literature argues that the subjective norms variable is not person specific enough to have an influence on intentions in certain contexts (see Armitage & Connor, 1998). This applies to the context of homeless people's service use, because the behaviour implies communicating with other homeless people at the facility, and service staff. Thus, when investigating homeless people's normative influences, researchers would need to tap these referents specifically (i.e., homeless people and service workers). Thus social identification/self-categorisation targeting these groups, were assessed in this thesis. As expected, identification was shown to influence intentions (Study 4- pre-intervention) such that greater identification with homeless peers or service staff determined greater service use

intentions. I suggested that prior to the intervention, participants may have relied on service staff for house seeking information, yet after the intervention this was no longer the case.

SIT/SCT also describes a self-esteem hypothesis (i.e., that individuals strive to maintain a positive appraisal of oneself, when functioning both as an individual, and as a group member) (Tajfel & Turner, 1979). Thus, I proposed it would be interesting to investigate the impact of homelessness on homeless people's perceptions of self-worth, and whether this impacted their decisions to use services. The thesis findings did not show self-esteem to determine intentions of behaviour. However, an interesting picture presented is that homeless people have a more positive self-concept when they anchor service use to themselves (Study 2). This supports the strategy of individualism amongst homeless people (I discuss individualism later in this chapter).

'Coping' Thinking Styles. In addition, thinking styles were also investigated as an additional avenue to the TPB framework. In Study 3, thinking styles were assessed using counterfactual thoughts, and in Study 4, a measure of time perspective tapped participants thinking style prior to their participation in the intervention. The rationale for the inclusion of thinking styles surrounds the strong influence of PBC on intentions found in Study 2, that is, this signals differences in the application of cognitive strategies as a way of coping with homelessness circumstances. Also, I changed the focus of thinking style from counterfactual thoughts to time perspective, because I noticed that participants referred to present and future outlooks on life which were essentially negative, hence the measure of 'negative time perspective' utilised. As expected, the generation of counterfactual thought determined homeless people's intentions (i.e., greater intentions) to use services. Thus, for some homeless people, a cognitive plan for preventing homelessness experiences puts service use at the top of the agenda.

Affect. This thesis also explored the role of affect (i.e., depression, helplessness and guilt) alongside TPB and SIT/SCT variables. The purpose of the inclusion of these variables was to determine whether negative affect would account for variance in homeless people's service use intentions, thus suggesting that negative emotions can have an independent effect on homeless people's intentions to use services. This would mean that rational thought directed at behavioural performance (as the TPB states) could be constrained amongst homeless people as a result of their housing/employment crises. In Study's 2 and 3, I examined multi-item measures of depression only. However the measures did not relate to TPB variables, thus I used single item measures of affect instead in Study 4, which proved more successful.

Also, as I progressed through this programme of research, I realised that depression was not the only negative emotion homeless people felt, hence the inclusion of helplessness, anger and guilt in Study 4. Consequently, this thesis work shows the most interesting findings with negative affect in Study 4. Less helplessness was associated with seeing the benefits of services (i.e. more favourable attitudes) and low depression meant more perceived control over service participation after the intervention. Since negative affect reduced after the intervention and attitude did not change, I wondered whether over time, attitudes would become more favourable when negative affect had reduced somewhat further.

Past Experience. Past experience of service use was also examined as an additional avenue within the TPB. The evidence to suggest that some individuals fall into a cycle of homeless episodes and service use is well known (see Pawson, Third & Tate, 2001). Thus, I proposed that having used services repeatedly in the past, homeless people may decide to use services out of habit, rather than deliberation, particularly when the service organisation has remained static and familiar to the homeless person. However, past experience did not

determine intentions in the present thesis, rather past experience was associated with affect, such that extended use of services made homeless people feel more depressed.

Ethnicity. Lastly, this thesis examined the role of socio-demographic characteristics within the TPB and SIT/SCT framework examined. I suggested, that the structure of homeless services in the UK today (e.g., men only, or Asian community only) could outweigh the influence of TPB variables on intentions and behaviour. Consistently, ethnicity was shown to determine intentions to use services, such that minority ethnic homeless people intended to use services to a greater extent than White British homeless people. It could be, that issues in relation to acculturation such as a loss of social support, may be encouraging minority ethnic homeless people to strengthen their support network, via service participation (see Berry, 2008).

4.0 Towards a Model of Homeless People's Use of Service Interventions

On the basis of the findings, the thesis research developed a model for predicting homeless people's use of service programmes, drawing on the TPB, SIT/SCT perspectives as previously stated. Across the series of 4 studies, the pattern of findings show that a major influence on homeless people's service use intentions is PBC, (i.e., control over the service programme itself, be it the content, or starting time). Attitudes also play a role in determining service use, as positive appraisal, in other words, seeing the benefits of the service appears to rely on a high level of control perceived by homeless people within facilities. Also, because the experience of homelessness is essentially negative for the individual, their service use intentions are likely to be influenced by means of coping with their situation (i.e., developing a 'coping' thinking style) as shown by the findings. Lastly, there is a small influence of ethnicity on intentions, such that minority ethnic homeless people, are more inclined to use

services, which indicates that service providers should be vigilant to the different needs of their clients, on the basis of cultural diversity in their facility area.

Notably, there is a lack of normative influence on homeless people's service use intentions, which reflects the low levels of subjective norms and identification they report. Instead of forming solidarity with social referents/social groups, participants in this thesis appear to adopt a culture of individualism (see Hornsey & Jetten, 2004), which although serves to protect them from negative emotions (i.e., they are less depressed), it proves toxic for their participation within services, and hence their progression towards gaining more permanent accommodation, employment, and other life goals.

Together, the findings from these four studies show that social psychological constructs (derived from the TPB) play a pivotal role in homeless people's service use intentions (i.e., PBC and attitudes) where the homeless person is indeed willing to use service programmes for a way out of homelessness. These homeless people have also developed a thinking style which fits in with and influences their plan for 'move-on'. That is, a preventative thinking style on challenging experiences which may exasperate the problem (e.g., not paying rent, and falling into arrears). Furthermore, the importance of social psychological constructs for service use is greatly highlighted in the effectiveness of the PBC/Efficacy intervention, which increased perceptions of control and decreased negative affect. However, where the homeless person is not interested in service use, it can be attributed to their lack of normative influence from others, that is their adherence to a culture of individualism as a way of protecting themselves from negative affect. Yet, if they were to get involved in their homeless community, the support available would help them to progress towards their life goals.

5.0 Implications for Homelessness Research and Practice

Firstly, this thesis work extends prior social psychological investigations into homeless people's service use by showing evidence for the utility of using single item measures to assess TPB constructs. Therefore, this thesis has developed and tested a systematic and rigorous assessment tool because it is derived from theory, and also a concise measure, for use within busy service facilities. Currently, service providers use the St Mungo Star Model[1], to measure clients' outcomes of service use, in relation to housing, employment, and training. However, this measure does not assess social psychological aspects of the individual; hence service providers are unaware of important psycho-social factors which may facilitate positive outcomes for the homeless individual, especially long-term. Homelessness researchers also benefit from this thesis' test of single item measures, because it shows that lengthy measures are not necessary in this context, saving them time and expenditure on resources.

Secondly, this thesis work extends our knowledge of the perceptions of service use for homeless people, that is, homeless people view all services through the same evaluation/perception lens, that is, homeless people determine service use for either housing, social activity or employment/training in the same way. This information is useful to service providers as it suggests that targeting different service use goals will not encourage greater service participation. This finding also supports the utility of single item measures, such that a general measure of service use would be beneficial to the researcher, as a multi-index of behaviour for TPB constructs is not necessary here.

Also, this thesis work demonstrates that there is no difference in the way homeless people within small and large city locations determine their service participation. This may

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[1] See http://www.mungos.org/homelessness/publications/latest_publications_and_research/

reflect the lack of difference between service use behaviours in these regions, however, it is useful for service providers because it means that they can broaden their span of communication with other homeless services, strengthening their support networks in the face of helping homeless people. On the basis of these finding, service providers can increase their contacts in smaller, more rural areas knowing that they can effectively share their ideas and strategies.

Lastly, having applied a PBC/Efficacy intervention to homeless people's service use, effectively increasing control and decreasing negative affect as a result, this thesis work demonstrates a strategy to service providers for doing the same with their homeless clients. To encourage service participation in the hope of successful move-on for clients, homeless service providers would need to target perceptions of control, adhering to 'mastery experience' principles and modelling techniques (see Ozer & Bandura, 1990). In turn, clients see the benefits of service use at first hand and so become more willing to take part in the service system. For researchers, the intervention study is the first to demonstrate that constructs derived from the TPB can be 'operationalised' and used to change intentions and behaviour over time, in this domain of homeless people's service use.

6.0 Caveats and Directions for Future Research

This programme of research has a number of notable strengths. First, the onset of this programme is original, as it offers practical guidance to novel social psychological researchers in the field of homeless people's service use. Specifically, it outlines stages of research practice, drawing out the importance of (a) understanding the local context of homelessness for the area (b) staff advice in data collection, theory construction and administration and, (c) piloting measures to ensure clarity. Prior social psychological studies in this domain are yet to detail such research training.

Secondly, Study 2 is original in it application of single item measures to assess TPB constructs within a homeless service use context. Prior social psychological studies in this domain have used multi-item measures, resulting in lengthy interview questionnaires with homeless participants; thus, this thesis work is the first to tell researchers that it is unnecessary to use multi-item measures. The lack of a need to single out different service use behaviours, shown in Study 3, further supports this claim.

Thirdly, this thesis work is first to show that there is no difference in the way homeless people view their services, that is they evaluate them in the same way. Thus service staff are provided with the knowledge, that different areas can offer them support in helping homeless people, as they are tackling the same issues.

Lastly, this thesis work is original in its application of a social psychological intervention to encourage homeless people's service participation, hence successful move-on. Prior social psychological studies have been preoccupied with testing moderators and mediators of the TPB framework, rather than 'operationalising' constructs from the framework. This thesis is the first to do so, using PBC. Thus, both researchers and service providers are now aware of the techniques needed to both (a) harness personal control amongst their clients and, (b) decrease negative effect.

However, despite the care given to the design and implementation of this work, there are limitations. Firstly, there are no behaviour measures for the first 2 studies. However this concern is reduced as there are fairly large sample sizes, so we can be sure the findings are fairly stable. Furthermore, a potential limitation of the intervention could be, that there was no control group used to test the effectiveness of the intervention. Therefore, some researchers may be sceptical about whether the intervention alone caused the findings.

On the basis of the thesis findings, future research could be directed at (a) exploring further additional avenues within the TPB and SIT/SCT framework. For example, a concrete measure of 'individualism' or other social distancing strategies (b) tackling other methodological issues in homelessness research, such as the difficulty in monitoring homeless people over time, (c) apply the augmented model derived from this thesis, to homeless people's service use in different towns and cities throughout the UK. In this way, researchers could further check for regional effects on the utility of the model. Lastly, (d) future research can 'operationalise' another TPB construct-attitudes or subjective norms to design and implement an intervention aimed at increasing service use behaviours and positive housing outcomes.

7.0 Lessons Learned

On reflection, personal lessons have been learned from this research programme. Firstly, researching the homeless population is by no means straightforward. From the outset of this research programme, I realised that one needs to call upon the advice and support of service staff, for the successful completion of any homeless study. Secondly, I learned that although assistance from service staff can be beneficial for homeless people, in terms of achieving positive housing outcomes, too much assistance can be ineffective. So homeless people should be encouraged to make personal decisions and develop independent living skills as soon as possible, if they are to move-on successfully into permanent accommodation. Lastly, at first hand, I have learned how diverse the homeless population is. Homeless people vary enormously in their reasons for homelessness, and their current support needs. Thus service providers would really benefit from further systematic and rigorous research which would support their practice with homeless clients.

8.0 Conclusion

Based on a TPB and SIT/SCT framework, this programme of research makes an important contribution to homelessness research and service provision:

(a) The examination of additional constructs within the TPB-finding that thinking style, and ethnicity directly predict intentions-is exciting news for social psychological researchers in this field, because it gives further rationale for theory developments when applied to complex behaviours.

(b) The methodological advancements made in this thesis present a concise assessment tool for easy application within service facilities and for ensuring the cost-effectiveness of service use studies for researchers.

(c) The PBC/Efficacy intervention was pioneering in this domain of homeless people's service use, with interesting findings. I hope its originality and creative focus encourages a trend for further social psychological interventions in the field. Homelessness remains to be a serious social issue in Britain, yet with further research advancements, we will be a step closer to ending the experience for many people in the UK.

Appendices

Appendix A. Study 1-Main Measure Protocol

Age _____

Ethnicity_____

Did you complete school education?   Yes   No

Number of children _____

Did you have a normal childbirth?   Yes   No

How did you become homeless?

_____

_____

How long have you had this tenancy for?

_____

(Floating Support Only: FS) Had you made a homelessness application previously (i.e.,

before Bromford)?

_____

_____

(FS) Were you placed in temporary/emergency accommodation?

_____

 (FS) At what age did the breakdown of the relationship with your parent/guardian occur?

_____

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(FS) Could you have been helped in your own home- would counselling have helped this?

_____

(FS) Were there any issues with the referral process?

_____

Do you have goals for yourself (e.g., where do you see yourself in 6 months, 1 year, and beyond)?

_____

_____

What things are you doing to achieve these goals (e.g., educational classes)?

_____

_____

Do you enjoy the current learning support services you are receiving?

_____

_____

Do you want to take part in the learning support services because others think you should?

_____

_____

Do you think there are any barriers in your experience, to accessing educational classes/learning services (this would be linked to your goal)?

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_____

_____

Is there too much information, or not enough information about the learning support services, such as childcare, that might be available to you as you access these further education and training services?

_____

_____

How do you see yourself (- as homeless)?

_____

Describe a typical conversation with your key worker/floating support worker- and explain what is typical about this conversation.

_____

_____

_____

Do you know what types of services the floating support team can provide (e.g., support with budgeting, filling forms, parenting skills, drug issues)?

_____

_____

Are you able to budget properly?

_____

_____

Do you know how to access any of the following: health centres, schools/education centres, employment training, employment centres?

_____

_____

 (FS) The housing strategy is responsible for the development of the housing vision in Solihull (which was read out to them):

.   That Solihull residents are enabled to live independently in their own homes wherever possible.

.   An adequate range of supported housing accommodation and services is available for those who need it.

.   Good quality and well supported emergency and temporary housing solutions are available.

.   Housing providers and managers are proactive in protecting vulnerable people from harm in their own homes and in other settings.

.   To support vulnerable people in the community.

Do you think this vision is realised, if not how could it be?

_____

_____

(FS) Would you like to be involved in 'preventing homelessness' activities in the future (e.g., visiting schools for question and answer sessions)?

_____

_____

Appendix B. Study 1-Coding of Measures Dictionary

Measure	*Coding*
Intention/Goal Intention Do you have goals for yourself (e.g., where do you see yourself in 6 months, 1 year, and beyond)? What things are you doing to achieve these goals (e.g., educational classes)?	No = 0 Yes = 1 Nothing = 0 Doing something (e.g., education classes, job training) = 1
Attitude Do you enjoy the current learning support services you are receiving?"	No = 0 Yes = 1
Subjective Norms Do you want to take part in the learning support services because others think you should?	No = 0 Yes = 1
Perceived Behavioural Control	

(PBC)/Efficacy Do you think there are any barriers in your experience, to accessing educational classes/learning services (this would be linked to your goal)?	No = 0 Yes = 1
Is there too much information, or not enough information about the learning support services, such as childcare, that might be available to you, as you access these further education and training services?	No = 0 Yes = 1
Social Identity/Self-Categorisation How do you see yourself (- as homeless)?	No = 0 Yes = 1
Perception of Interactions with Key Worker Participants were asked to describe a typical conversation with their key worker/floating support worker- and to explain what is typical about this conversation.	No Interaction with Key Worker (e.g., "I don't see her.") = 0 Interaction with Key Worker (e.g., "We meet regularly, she's very helpful.") = 1

Homelessness History	
How did you become homeless?	Non-relationship breakdown reason (e.g., "I was evicted from my previous home.") = 0
	Relationship breakdown reason (e.g., "I kept arguing with my mum.") = 1
How long have you had this tenancy for?	Coded in years
Had you made a homelessness application previously (i.e., before Bromford)?	No = 0
	Yes = 1
Were you placed in temporary/emergency accommodation?	No = 0
	Yes = 1
Normative Influence linked to Homelessness History.	
At what age did the breakdown of the relationship with your parent/guardian occur?	Coded in years

Could you have been helped in your own home- would counselling have helped this?	No = 0 Yes = 1
Access/Referral to Current Housing Accommodation. Were there any issues with the referral process?	No = 0 Yes = 1
Do you know what types of services the floating support team can provide (e.g., support with budgeting, filling forms, parenting skills, drug issues)?	No = 0 Yes = 1
Are you able to budget properly?	No = 0 Yes = 1
Do you know how to access any of the following: health centres, schools/education centres, employment training, employment	No = 0 Yes = 1

centres?	
Opinions on Service Content	
The housing strategy is responsible for the development of the housing vision in Solihull (which was read out to them). Do you think this vision is realised, if not how could it be?	No = 0 Yes = 1
Would you like to be involved in 'preventing homelessness' activities in the future (e.g., visiting schools for question and answer sessions)?	No = 0 Yes = 1
Socio-demographic Characteristics	
Age	Coded in years
Ethnicity	Non-White British = 0, White British = 1
Educational achievement	No qualifications = 0, Qualifications = 1
Number of children	As stated
Childbirth experiences	Problems during Delivery =0, Normal Delivery = 1

Appendix C. Study 2-Main Measure Protocol

Age _____

Ethnicity_____

How long have you been staying here? _____

How long have you been homeless currently? _____

Have you ever been 'street' homeless?   Yes   No

Were you previously employed?   Yes   No

Are you likely to use an outreach service in the next 4 weeks?

1   2   3   4   5

not at all   very much

Do you think using an outreach service in the next 4 weeks would be:

1   2   3   4   5

bad   good

Those who are important to me think that I should use an outreach programme in the next 4

weeks:

1   2   3   4   5

strongly disagree   strongly agree

By using an outreach programme in the next four weeks I want to do what pleases those who

are important to me:

1   2   3   4   5

strongly disagree   strongly agree

Would it be easy for you to use this service over the next 4 weeks?

1   2   3   4   5

not at all   very much

How often do you use this service?

1   2   3   4   5

rarely- less than 1 day a week   constantly- 7 days a week

Do you identify with other homeless people?

1   2   3   4   5

not at all   very much

Would you say that using this [outreach] services is an important part of who you are?

1   2   3   4   5

not at all   very much

Are you happy that your group of homeless friends stick together?

1   2   3   4   5

not at all   very much

Are your friends at this service seen as good by others who do not use this service?

1   2   3   4   5

not at all   very much

All in all, I am inclined to feel that I am a failure:

| 1 | 2 | 3 | 4 | 5 |

yes/all the time   no/never

I just want to ask you a couple of background questions.

	During the past week:	**None** of the time (less than 1 day)	**Some** or **a little** of the time *(1 to* 2 days)	**Some** or **a lot** of the time (3 *to* 4 days)	**Most** or all of the time (5 *to* 7 days)
1.	I am bothered by things that usually don't bother me.	0	1	2	3
2.	I do not feel like eating; my appetite is poor.	0	1	2	3
3.	I feel that I can not shake off the blues even with help from my family of friends.	0	1	2	3
4.	I feel I am just as good as other people.	0	1	2	3
5.	I have trouble keeping my mind on what I am doing.	0	1	2	3
6.	I feel depressed.	0	1	2	3
7.	I feel that everything I do is an effort.	0	1	2	3
8.	I feel hopeful about the future.	0	1	2	3
9.	I think my life has been a failure.	0	1	2	3
10.	I feel fearful.	0	1	2	3
11.	My sleep is restless.	0	1	2	3
12.	I am happy.	0	1		3

				2	
13.	I talk less than usual.	0	1	2	3
14.	I feel lonely.	0	1	2	3
15.	People are unfriendly.	0	1	2	3
16.	I enjoy life.	0	1	2	3
17.	I have crying spells.	0	1	2	3
18.	I feel sad.	0	1	2	3
19.	I feel that people dislike me.	0	1	2	3
20.	I can not get going.	0	1	2	3

Gender _____

Age _____

Ethnicity_____

How long have you been staying here? _____

Have you ever been 'street' homeless?   Yes   No

How long have you been homeless currently? _____

Number of children_____

Did you complete school education?   Yes   No

Were you previously employed?   Yes   No

Are you in good health?   Yes   No

I intend to keep seeking out my own place (long-term) accommodation over the next 4 weeks:

1   2   3   4   5

very weak   very strong

 I desire to take part in other activities (i.e., recreational activities offered at the service) over the next

4 weeks:

1   2   3   4   5

very weak   very strong

I intend to access employment/training over the next 4 weeks:

1   2   3   4   5

very weak   very strong

Using services to

(a) keep seeking out my own place (long-term) accommodation over the next 4 weeks is:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

foolish   wise

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

un-enjoyable   enjoyable

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

harmful   beneficial

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

punishing   rewarding

(b) take part in other activities (i.e., recreational activities offered at the service) over the next 4 weeks is:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

foolish   wise

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

un-enjoyable   enjoyable

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

harmful   beneficial

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

punishing   rewarding

(c) access employment/training over the next 4 weeks is:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

foolish   wise

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

un-enjoyable   enjoyable

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

harmful   beneficial

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

punishing   rewarding

When we make decisions, all of us have a set of people whose opinions we feel are important to consider, a friend, a family member, or your service provider, for example. On the following scale please point out whether these people think that you *should/should not* use services to:

(a) keep seeking out my own place (long-term) accommodation over the next 4 weeks:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

should   should not

(b) take part in other activities (i.e., recreational activities offered at the service) over the next 4 weeks: and

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

should   should not

 (c) access employment/training over the next 4 weeks:

1	2	3	4	5	6	7
should						should not

Considering the set of people whose opinions you feel are important when decision making, indicate whether they would *approve/disapprove* of you using services to:

(a) keep seeking out my own place (long-term) accommodation over the next 4 weeks:

1	2	3	4	5	6	7
approve						disapprove

 (b) take part in other activities (i.e., recreational activities offered at the service) over the next 4 weeks: and

1	2	3	4	5	6	7
approve						disapprove

(c) access employment/training over the next 4 weeks:

1	2	3	4	5	6	7
approve						disapprove

It would be easy for me to

(a) keep seeking out my own place (long-term) accommodation over the next 4 weeks:

1	2	3	4	5
strongly disagree				strongly agree

(b) take part in other activities (i.e., recreational activities offered at the service) over the next 4 weeks: and

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1	2	3	4	5

strongly disagree   strongly agree

(c) access employment/training over the next 4 weeks:

1	2	3	4	5

strongly disagree   strongly agree

Whether or not I:

(a) keep seeking out my own place (long-term) accommodation over the next 4 weeks is entirely up to me:

1	2	3	4	5

strongly disagree   strongly agree

 (b) take part in other activities over the next 4 weeks is entirely up to me: and

1	2	3	4	5

strongly disagree   strongly agree

(c) access employment/training over the next 4 weeks is entirely up to me:

1	2	3	4	5

strongly disagree   strongly agree

Do you identify with other 'homeless people'?

1	2	3	4	5

not at all   very much

Do you feel close to your support workers?

1   2   3   4   5

not at all   very much

Do you feel that you and your support workers share the same goals?

1   2   3   4   5

not at all   very much

I would like you to consider your memberships in social groups (i.e., your friendships with other homeless people, and other homeless service users), and answer the following statements regarding how you feel about these groups. Please listen to each statement carefully, and answer by using the following scale.

I'm glad to be a member of the social group I belong to:

1   2   3   4   5   6   7

strongly disagree   strongly agree

My social group is considered good by others:

1   2   3   4   5   6   7

strongly disagree   strongly agree

The social group I belong to is an important reflection of who I am:

1   2   3   4   5   6   7

strongly disagree   strongly agree

Please choose a number for each statement depending on whether you:

1   2   3   4   5

strongly agree	agree		disagree	strongly disagree

On the whole, I am satisfied with myself.   _____

At times I think I am no good at all.   _____

I feel that I have a number of good qualities.   _____

I am able to do things as well as most other people.   _____

I feel I do not have much to be proud of.   _____

I certainly feel useless at times.   _____

I feel that I'm a person of worth, at least on an equal plane with others.   _____

I wish I could have more respect for myself.   _____

All in all, I am inclined to feel that I am a failure.   _____

I take a positive attitude toward myself.   _____

The following section has groups of statements. When I have read a group to you, please choose the one statement which best describes the way you have been feeling during the past 2 weeks, including today.

1) 0   I do not feel sad

   1   I feel sad much of the time

   2   I am sad all the time

   3   I am so sad or unhappy that I can't stand it

2) 0   I am not discouraged about my future

   1   I feel more discouraged about my future than I used to be

   2   I do not expect things to work out for me

   3   I feel my future is hopeless and will only get worse

3) 0   I do not feel like a failure

1   I have failed more than I should have

2   As I look back, I see a lot of failures

3   I feel I am a total failure as a person

4) 0   I get as much pleasure as I ever did from the things I enjoy

1   I don't enjoy things as much as I used to

2   I get very little pleasure from the thing I used to enjoy.

3   I can't get any pleasure from the things I used to enjoy.

5) 0   I feel the same about myself as ever

1   I have lost confidence in myself

2   I am disappointed in myself

3   I dislike myself

6) 0   I don't criticise or blame myself more than usual

1   I am more critical of myself than I used to be

2   I criticise myself for all of my faults

3   I blame myself for everything bad that happens

Consider a negative housing experience they may have had...

Do you think the situation could have been avoided if only something had been different? If

so, how could it have been?

Appendix E. Study 4-Pre-Intervention Main Measure Protocol

Gender   _____

Age   _____

Ethnicity   _____

Marital Status _____

Name of current hostel? _____

How long have you been staying at this hostel? _____

How long have you been without permanent housing? _____

Highest level of academic achievement _____

Previous employment _____

I intend to use a housing programme this month:

1   2   3   4   5

strongly disagree   strongly agree

I am likely to use a housing programme this month:

1   2   3   4   5

strongly disagree   strongly agree

The chances are that I will use a housing programme this month:

1   2   3   4   5

strongly disagree   strongly agree

Using a housing programme this month would be:

1   2   3   4   5

unimportant   important

1	2	3	4	5

un-satisfying   satisfying

1	2	3	4	5

negative   positive

Those who are important to me think that I should use a housing programme this month:

1	2	3	4	5

disagree completely   agree completely

By using a housing programme this month I want to do what pleases those who are important to me:

1	2	3	4	5

disagree completely   agree completely

It is easy for me to use a housing programme this month:

1	2	3	4	5

disagree completely   agree completely

I can easily use a housing programme this month:

1	2	3	4	5

disagree completely   agree completely

How often do you

(a) meet with their key workers with the aim of reviewing housing applications:

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0	1	2	3	4	5
never					very often

(b) acquire information (e.g. online, at the library/ neighbourhood office):

0	1	2	3	4	5
never					very often

(c) chase up the status of your housing application with the Local Authority:

0	1	2	3	4	5
never					very often

(d) engage in skills need to secure the housing (e.g. budgeting):

0	1	2	3	4	5
never					very often

How often do you avoid:

(a) meeting with your key worker:

0	1	2	3	4	5
never					very often

(b) finding information on the availability of longer-term accommodation (e.g. online, at the library/ neighbourhood office):

0	1	2	3	4	5
never					very often

(c) chasing your housing application with the Local Authority:

| 0 | 1 | 2 | 3 | 4 | 5 |

never   very often

(d) engage in skills needed to secure the housing (e.g. budgeting):

| 0 | 1 | 2 | 3 | 4 | 5 |

never   very often

I am currently a member of several different groups.

| 1 | 2 | 3 | 4 | 5 |

disagree completely   agree completely

I have friends in several different groups.

| 1 | 2 | 3 | 4 | 5 |

disagree completely   agree completely

I have strong ties with several different groups.

| 1 | 2 | 3 | 4 | 5 |

disagree completely   agree completely

Overall, my group memberships have very little to do with how I feel about myself.

| 1 | 2 | 3 | 4 | 5 |

disagree completely   agree completely

The social groups I belong to are an important reflection of who I am.

| 1 | 2 | 3 | 4 | 5 |

disagree completely   agree completely

The social groups I belong to are unimportant to my sense of what kind of a person I am.

1	2	3	4	5

disagree completely   agree completely

In general, belonging to social groups is an important part of my self-image.

1	2	3	4	5

disagree completely   agree completely

How characteristic or true is this of you:

1	2	3	4	5

Very   Very

Uncharacteristic   Characteristic

Present	*Future*	*Past*
Taking risks keeps me from being bored_____ I do things on the spur of the moment, without worrying about the consequence_____ I often lose all track of time _____ My life is controlled by things I cannot influence_____ You can't really plan for the future because things change so much_____	I think it's more important to do what I want to do now, than to get some required job done on time_____ I take each day as it is rather than try to plan it out_____	I think about negative things that have happened in the past_____ I think about things that I may have missed out on in life_____ I often think of what I should have done differently in my life_____

How are you feeling?

Depressed

1   2   3   4   5

disagree completely   agree completely

Helpless

1   2   3   4   5

disagree completely   agree completely

Angry

1   2   3   4   5

disagree completely   agree completely

Guilty

1   2   3   4   5

disagree completely   agree completely

Appendix F. Study 4-Post-Intervention Main Measure Protocol

I intend to use a housing programme this month:

1   2   3   4   5

strongly disagree   strongly agree

I am likely to use a housing programme this month:

1   2   3   4   5

strongly disagree   strongly agree

The chances are that I will use a housing programme this month:

1   2   3   4   5

strongly disagree   strongly agree

Using a housing programme this month would be:

1   2   3   4   5

unimportant   important

 1   2   3   4   5

un-satisfying   satisfying

1   2   3   4   5

negative   positive

Those who are important to me think that I should use a housing programme this month:

1	2	3	4	5

disagree completely   agree completely

By using a housing programme this month I want to do what pleases those who are important to me:

1	2	3	4	5

disagree completely   agree completely

It is easy for me to use a housing programme this month:

1	2	3	4	5

disagree completely   agree completely

I can easily use a housing programme this month:

1	2	3	4	5

disagree completely   agree completely

How often do you:

(a) meet with their key workers with the aim of reviewing housing applications:

0	1	2	3	4	5

never   very often

(b) acquire information (e.g. online, at the library/ neighbourhood office):

0	1	2	3	4	5

never   very often

(c) chase up the status of your housing application with the Local Authority:

0   1   2   3   4   5

never   very often

(d) engage in skills need to secure the housing (e.g. budgeting):

0   1   2   3   4   5

never   very often

How often do you avoid:

(a) meeting with your key worker:

0   1   2   3   4   5

never   very often

(b) finding information on the availability of longer-term accommodation (e.g. online, at the library/ neighbourhood office):

0   1   2   3   4   5

never   very often

(c) chasing your housing application with the Local Authority:

0   1   2   3   4   5

never   very often

(d) engage in skills needed to secure the housing (e.g. budgeting):

0   1   2   3   4   5

never   very often

I am currently a member of several different groups.

1   2   3   4   5

disagree completely   agree completely

I have friends in several different groups.

1   2   3   4   5

disagree completely   agree completely

I have strong ties with several different groups.

1   2   3   4   5

disagree completely   agree completely

Overall, my group memberships have very little to do with how I feel about myself.

1   2   3   4   5

disagree completely   agree completely

The social groups I belong to are an important reflection of who I am.

1   2   3   4   5

disagree completely   agree completely

The social groups I belong to are unimportant to my sense of what kind of a person I am.

1   2   3   4   5

disagree completely   agree completely

In general, belonging to social groups is an important part of my self-image.

1   2   3   4   5

disagree completely   agree completely

How are you feeling?

Depressed

| 1 | 2 | 3 | 4 | 5 |

disagree completely   agree completely

Helpless

| 1 | 2 | 3 | 4 | 5 |

disagree completely   agree completely

Angry

| 1 | 2 | 3 | 4 | 5 |

disagree completely   agree completely

Guilty

| 1 | 2 | 3 | 4 | 5 |

disagree completely   agree completely

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