Transitions through homelessness: The impact of psychosocial factors on well-being and outcomes in a homeless sample

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Bachelor of Psychological Science (Honours I)

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Abstract

Homelessness is a complex social issue that is of increasing concern to most developed nations. Homelessness is more than not having a house; it is a form of social exclusion and carries significant physical, psychological, and social challenges. The broad aim of the current thesis was to investigate how the psychological and social aspects of the homeless experience can influence outcomes, such as well-being. In particular, the research focuses on processes related to social categories, social identities, and social support of people, as people transition through homeless accommodation services.

The first empirical chapters (Chapter 4 and 5) focus on the impact of self-categorization as homeless. Study 1 (Chapter 4) was a qualitative and quantitative cross-sectional study with 119 residents of homeless accommodation services in South-East Queensland. Results demonstrated that while the majority of participants accepted the homeless label (55%), a large portion of residents (31%) rejected the homeless label, or were ambivalent (14%). Respondents who rejected the homeless label reported greater personal well-being and lower negative mood symptoms than participants who accepted the label. Study 2 (Chapter 5) explored this further using an experimental paradigm among 80 residents of a homeless service. Participants who were required to self-categorize as homeless at the beginning of the questionnaire had significantly lower future life aspirations and perceived competency than participants who did not. Further, future life aspirations and perceived competency both mediated the relationship between self-categorization and well-being.

Studies 3 and 4 (Chapters 6 and 7) focus on social identity processes for people transitioning through homelessness. Study 3 assessed how multiple group memberships and service identification related to well-being and positive housing outcomes among 76 participants while they were residing in a homeless accommodation service and again 2 – 4 weeks after leaving the service (or three months later if participants had not left the service). The results found that multiple group memberships and service identification independently predicted well-being at Time 2, via social support. Both social identity processes also indirectly predicted housing outcomes via social support. Study 4 built on this research by exploring the antecedents and outcomes that are related to service identification among 296 residents across 19 services. Characteristics of the service delivery model and perceptions of discrimination predicted participants’ identification with staff. Further, identification with staff predicted service engagement 6 months later and identification with residents predicted joining new groups 6 months later.

The final study (Chapter 8) examined how one of these social processes, namely the relationship between social support and well-being, related to an “individual” trait - emotion
regulation. Results from a one-year longitudinal study, conducted over three time-points, supported a bi-directional mediation model between social support and emotion regulation, on well-being. Specifically, the positive impact of higher levels of social support on well-being was partly mediated by higher emotion regulation, and the negative impact of poor emotion regulation on well-being was partly mediated by lower social support.

The thesis concludes with a broad discussion summarising the findings and the implications of the research. We discuss the role and consequences of the homeless category in defining people, the potential importance and benefits of taking a social group belonging and identification approach within homelessness services, and the benefits of taking an interpersonal conceptualisation for variables that are often only examined as individual traits.
Declaration by author

This thesis is composed of my original work, and contains no material previously published or written by another person except where due reference has been made in the text. I have clearly stated the contribution by others to jointly-authored works that I have included in my thesis.

I have clearly stated the contribution of others to my thesis as a whole, including statistical assistance, survey design, data analysis, significant technical procedures, professional editorial advice, and any other original research work used or reported in my thesis. The content of my thesis is the result of work I have carried out since the commencement of my research higher degree candidature and does not include a substantial part of work that has been submitted to qualify for the award of any other degree or diploma in any university or other tertiary institution. I have clearly stated which parts of my thesis, if any, have been submitted to qualify for another award.

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This published manuscript has been incorporated as Chapter 4

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Contributions by others to the thesis

Jolanda Jetten was involved in the conception and design of all the presented studies, provided guidance on the theoretical framework and interpretation of the research data. She also critically reviewed the thesis and the published manuscripts therein contained.

Genevieve Dingle provided guidance on theory, was involved in the conception and design of the studies, and assisted with interpretation of the research data. She also critically reviewed the thesis and published manuscripts.

Cameron Parsell provided guidance on theory, and the practical and policy implications of the findings. He was involved in the conception of a number of the studies, and critically reviewed the manuscripts that are contained in the thesis.

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Statement of parts of the thesis submitted to qualify for the award of another degree

None.
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laugh, sometimes they made me cry, but most of all they showed me what strength and resilience
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<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<td>DERS</td>
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<td>TSA</td>
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<td>WEMWBS</td>
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Chapter 1

General Introduction

Homelessness is a complex social issue of increasing concern to most developed nations (Toro, 2007). The most recent Australian Bureau of Statistics (ABS) census figures indicated an eight per cent increase in national homelessness since 2006, with an estimated one in every 200 Australians homeless on any given night in 2011 (ABS, 2012a). This is a disturbing statistic given the risks associated with living without a home. Documented issues include lack of decent shelter, restricted access to medical services, exposure to the elements, limited access to good nutrition, and increased risk of being a victim of violent crime (Busch-Geertsema, Edgar, O’Sullivan, & Pleace, 2010). Further compounding the problem, mental and physical health problems disproportionately affect individuals experiencing homelessness compared to the general population (Chamberlain & MacKenzie, 2006; Johnson & Chamberlain, 2008, 2011). Indeed, people who become homeless often have economic, social, and individual problems and needs that either predate homelessness, are exacerbated by the experience of homelessness, or are developed while homeless (Busch-Geertsema et al., 2010; Johnson, Scutella, Tseng, & Wood, 2015).

The impact of homelessness is more than just the lack of a house and the associated practical challenges and physical risks; it also represents a lack of home and belonging, and carries significant psychosocial challenges. Becoming homeless has been described as a loss of belonging in mainstream society and access to mechanisms that provide social resources (Edgar, Doherty, & Mina-Coull, 2000; Fitzpatrick, Bramley, & Johnsen, 2012; Pleace, 1998). For example, not reaching a minimum standard of accommodation can impact on social relationships, constant displacement can disrupt social networks, and lacking a fixed address is an impediment to making effective use of social services such as employment and welfare services, banks, and libraries (Busch-Geertsema et al., 2010). More than this, belonging to mainstream society is replaced with belonging to the category of “homeless person”, and this implies significant exposure to stigma and discrimination (Parsell, 2010; Phelan, Link, Moore, & Stueve, 1997; Reutter et al., 2009).

Homelessness is therefore a multifaceted and complex issue that concerns, and is informed by, a broad array of stakeholders including a range of academic disciplines, levels of government, institutions, and community and charitable organisations. There are some important developments in this field. International and Australian housing policies are
increasingly oriented towards achieving social inclusion and other non-housing outcomes for people exiting homelessness (Parsell, Jones, & Head, 2013). Some policy advocates have suggested that facilitating access to housing programs without facilitating access to social support in domains such as community groups, employment, education, or training, can compound social exclusion (Arthurson & Jacobs, 2004; Duff, Jacobs, Loo, & Murray, 2013).

However, at present, not enough is known about the factors that can aid individuals in breaking the cycle of homelessness and improving mental health, well-being, and social integration (Busch-Geertsema et al., 2010; Philippot, Lecocq, Sempoux, Nachtergaeel, & Galand, 2007). To date, most research on homelessness has focused on examining the numbers, composition, demographics, and risk factors of those who are homeless or at risk of homelessness (Philippot et al., 2007). There has been far less attention on questions relating to how people engage with services, which factors facilitate pathways out of homelessness, and which factors facilitate important non-housing outcomes such as well-being and social integration for these individuals (Johnson et al., 2015).

The present thesis aims to contribute to existing knowledge through a social psychological informed investigation of the psychosocial factors that affect people’s well-being and outcomes as they transition through homeless accommodation services. In particular, we draw from the theoretical framework of the Social Identity Approach, which examines how psychologically meaningful groups can form part of our identity and influence thoughts, beliefs, and actions (Tajfel & Turner, 1979; Turner, Hogg, Oakes, Reicher, & Wetherall, 1987). One application of the theory that is particularly relevant for the current thesis is in examining how and why social connectedness and belonging can benefit physical and mental health and well-being (Haslam, Jetten, Postmes, & Haslam, 2009; Jetten, Haslam, Haslam, Dingle, & Jones, 2014). There is now considerable evidence that meaningful social groups can provide psychological resources that people can draw on to maintain and promote health and well-being, which may be particularly important during periods of stress or life transitions (Jetten, Haslam, & Haslam, 2012). This may be especially relevant in people who are experiencing homelessness, given their exclusion from mainstream society and their lack of social resources (Edgar et al., 2000; Fitzpatrick et al., 2012; Pleace, 1998).

To achieve this overarching aim, Chapter 2 provides a broad contextual overview of the current state of homelessness in Australia, in terms of policy, homeless population demographics, and research explaining homelessness. Chapter 3 presents an overview of the social identity approach and outlines how this theoretical framework can address the thesis aims. Chapter 4 presents the first empirical chapter of the thesis. It examines the extent to
which people who are residing in homeless accommodation ascribe to the “homeless” identity. We will also focus on the consequences of such self-definition for their service engagement, mood and satisfaction with life. Chapter 5 expands on the findings of Chapter 4 through a study in which we experimentally manipulate the salience of homeless self-categorization. We examine how such primed self-categorizations affect self-perceptions and well-being. Chapter 6 moves to examining other social identity pathways that may promote social support and well-being; specifically examining the role of multiple group memberships and service identification on participants’ social support, well-being, and housing. Chapter 7 extends on these findings and examines the antecedents and outcomes of identification with service staff and other residents. The final empirical chapter, Chapter 8, addresses the role of an individual factor, namely emotion regulation, in moderating and mediating the effects of social support on well-being. Chapter 9 concludes the thesis with a general discussion of the research, including the implications of the findings in both in theoretical and applied domains.
Chapter 2

Background to Homelessness in Australia

As a contextual background for the current thesis, this chapter provides a broad overview of homelessness in Australia\(^1\). The chapter begins with a summary of homeless policy in Australia. The next section provides a brief description of the demographics of those who are homeless in Australia, followed by a summary of research exploring why people become and stay homeless. The last section outlines the rationale of the thesis and spells out how the research aims advance current knowledge in the field.

Who is Homeless?

A major area of concern and inquiry for policy-makers and government bodies has been to enumerate and describe who is homeless. To achieve this goal, it is first necessary to have a definition of what “homeless” means. I will explore the varied and contested definitions of homelessness in depth in subsequent chapters. To provide an initial answer, however, I shall briefly outline what is meant by homeless for these introductory chapters.

Within the Australian context, policy-makers and researchers have most commonly adopted two broad definitions – the cultural definition of homelessness (Chamberlain & MacKenzie, 1992, 2003) and the statistical definition developed by the ABS (2012b; see Chapter 4, pg 17 for full descriptions of definitions). In both definitions, the following situations constitute homelessness: (i) people without conventional accommodation (e.g. living on the streets, in squats, etc.; i.e. “sleeping rough”); (ii) people staying temporarily with other households (because they have no usual address; i.e. “couch-surfing”); (iii) people in emergency accommodation or staying in specialist homeless services (e.g. refuges, shelters etc.); (iv) people in boarding houses; and (v) people staying in severely overcrowded housing.

In the current research, we focus on people who are staying in emergency accommodation or those who are staying in specialist homeless services.

Regardless of the definition that is adopted, data suggest that homelessness in Australia is a significant issue. Lifetime estimates of homelessness find that 7% of the Australian population have been homeless at some point in the past year, but are not currently

\(^1\) A number of key concepts are covered in more depth in separate chapters, and thus are not described here. Specifically, definitions of homelessness, social networks and support of people experiencing homelessness, and the stigma and discrimination of people facing homelessness.
homeless (ABS, 2012a). Data from the Australian Census of Population and Housing shows that, 105,237 people enumerated on Census night in 2011 were classified as homeless (ABS, 2012a). Of those, 20% were in supported accommodation for the homeless (i.e. shelters).

Specialist homeless services collect additional data regarding characteristics of clients using their services. Data from the 2014/15 financial year estimated that 256,000 people were assisted by specialist homelessness agencies across Australia, which represents an average annual growth rate of 2.6% since 2011 (Australian Institute of Health and Welfare [AIHW], 2015). It is also clear that the demand on these services outstrips their capacity, with approximately 125,000 people unable to be assisted in that year. Of those receiving support, 59% were female, more than one-quarter of clients were aged under 18, and 16% were aged under 10. Over half (54%) of all clients were aged 18–44, 19% were over 45, and 6% were over 65. The top three reported reasons for seeking assistance from specialist homeless services were domestic and family violence (25%), housing crisis (21%), and financial difficulties (12%; AIHW, 2015).

It should be noted that the above estimates only provide a snapshot of the population at a single point in time, and these data do not take into account the flows into and out of homelessness. The duration and frequency of homelessness varies significantly across individuals and people frequently move between types of housing states (Bevitt et al., 2015; Phelan & Link, 1999).

**Explaining Homelessness**

A large portion of homelessness research has centred on trying to understand the risks, causes, and maintainers of homelessness (Lee, Tyler, & Wright, 2010). Two research perspectives have emerged from this literature: one that examines homelessness from a structural level, and one that takes an individual-agency perspective (Anderson, 2003; Clapham, 2003; Fitzpatrick, 2005; Neil & Fopp, 1992; Philippot et al., 2007). Structural accounts view homelessness as a result of social and economic contexts that are beyond an individual’s control. Individual-agency accounts view homelessness as a consequence of individual characteristics or personal choices. These have also been referred to as macro and micro level explanations (Lee et al., 2010). While these perspectives, as isolated dichotomous viewpoints, are overly simplistic, they are reflected in and inform a range of socio-political discourses and thus are useful to engage with and understand (Neale, 1997).

**Structural Factors.** Poverty and housing conditions are the two main underlying structural causes of homelessness that have been highlighted in the literature (Gould &
Williams, 2010; Tipple & Speak, 2005). Living in poverty reflects a situation whereby unexpected events such as losing a job or family dissolution, can trigger entry into homelessness. Equally, affordable housing is a necessary condition of being able to maintain a stable tenancy. Yet for Australians living in poverty, the private rental market is relatively inaccessible and social housing is scarce (AIHW, 2014; Anglicare Australia, 2015; Hulse, Reynolds, & Yates, 2014). For example, a report on the housing affordability of private rental properties found that less than 1% of the properties were rated as affordable for single people on government benefits, and only 2.3% of properties were suitable for single people on a minimum wage² (Anglicare Australia, 2015). It is estimated that around 44% of low-income households experience affordability issues due to rental stress (paying more than 30% of their gross income on rent; ABS, 2013). Having suitable and affordable exit points from homelessness remains a major issue in achieving goals to end homelessness (AIHW, 2014).

Labour market conditions (such as high rates of unemployment and underemployment) and household dissolutions are additional factors that are regularly identified as contributors to homelessness (Gould & Williams, 2010; Orwin, Scott, & Arieira, 2005; Philippot et al., 2007; Somerville, 2013). Institutionalisation is another contributing factor; with prospective studies reporting that homelessness occurs disproportionately after discharge from foster care, treatment facilities, and correctional facilities (Cutcher, Degenhardt, Alati, & Kinner, 2014; Dworsky, Napolitano, & Courtney, 2013; Metraux, Byrne, & Culhane, 2010).

The socio-political implication of a strictly structural approach is that this approach sees the solution to homelessness in building, reforming, and modifying our current socioeconomic system and the social safety net, rather than situating the cause of (and solution to) homelessness within an individual (Bullen, 2015; Neale, 1997). The major limitation of this approach is that it ignores potentially modifiable factors that explain why some people become homeless and others, in the same social situations, do not (Neale, 1997).

**Individual Factors associated with Homelessness.** Studies examining individual factors associated with homelessness typically take the approach of identifying risk factors that disproportionately affect people who are homeless compared to matched samples of people who are housed, or examine characteristics overrepresented in people who are chronically homeless compared to first-time homeless counterparts. More recently, studies

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² Consistent with a commonly used benchmark of affordability, the report defined affordable or suitable property as being one which took up less than 30% of a household’s income.
have begun to take a longitudinal approach to examine risk factors for longer durations of homelessness and to prospectively determine who is likely to enter and exit homelessness (e.g. Shinn et al., 1998; Wooden et al., 2012). Individual factors that have been correlated with risk of becoming and staying homeless include: gender (males are more likely to become and remain homeless longer than women); work history and current unemployment; level of education; substance use, mental illness, physical illness, and disabilities (Anderson & Christian, 2003; Cobb-Clark, Herault, Scutella, & Tseng, 2016; Johnson, Gronda, & Coutts, 2008; Neil & Fopp, 1992; Orwin et al., 2005; Piliavin, Sosin, Westerfelt, & Matsueda, 1993).

It is worth noting that many individual and interpersonal factors—such as mental and physical health problems, substance abuse, criminal acts, and low social support—can develop after becoming homeless (Johnson & Chamberlain, 2008, 2011). One downside of many of these studies is the inability to establish causation, even prospective studies struggle to disentangle causes from consequences. We take up the issues of correlation and causation in a later chapter. If interested, a more in-depth explanation of the movements in and out of homelessness and risk factors within an Australian context has been reviewed elsewhere (e.g. Bevitt et al., 2015; Wooden et al., 2012).

The socio-political implications of taking an individual-agency perceptive is that the cause of homelessness is structured within the individual and thus to end homelessness the individual needs to be reformed or “fixed” (Bullen, 2015; Neale, 1997). At the extreme end of this spectrum, an agency approach to explaining homelessness considers the individual to be responsible for their homelessness, due to poor life choices, personal inadequacies, inability or unwillingness to work, or dysfunctional personalities (Parsell & Parsell, 2012; Scutella & Johnson, 2012). This creates a dichotomy where people are considered either “deserving” and “undeserving” poor; if a person is responsible for their homelessness, then they are undeserving of social resources to alleviate homelessness. This perspective can lead to a more conservative approach to welfare policies (Minnery & Greenhalgh, 2007). In addition to the problems of causation mentioned above, examining only individual factors as the cause of homelessness are problematic as they are unable to explain why some people who have the risk factors become homeless, while other do not (Neale, 1997). Further, it is unable to explain why the homeless population has broadened and diversified in composition over the past two decades (Neale, 1997; Neil & Fopp, 1992).

**Interactional and Social Approach.** Although previous research focused on examining homelessness from either the structural level or an individual level, there has been a recent consensus that the integration of both approaches is necessary to understand
homelessness. One way in which such integration has been achieved is by proposing that broad structural factors create the conditions within which homelessness may occur, while individual and social factors push people across a certain threshold modified by those conditions (Clapham, 2003; Fitzpatrick, 2005; Fitzpatrick et al., 2012). One aspect of this shift is the acknowledgement that social and structural factors (e.g. employment rates, lack of affordable housing, social stratification and deinstitutionalization) and personal or individual factors (e.g. family breakdown, trauma and abuse, mental and physical health problems, substance use) are intertwined and inseparable (Toohey, Shinn, & Weitzman, 2004). Additionally, structural and individual factors can become mutually reinforcing which increases the likelihood that homelessness is sustained (Jones, Shier, & Graham, 2012).

Proponents of this integrated approach have been criticised for their lack of theoretical conceptualisation of what counts as a structural or individual factor, and for not articulating how the two interact (Fitzpatrick, 2005). In particular, it is unclear how interpersonal and social factors fit into a conceptualisation of structural factors and individual factors. Interpersonal and social factors are major contributors to homeless entry and duration, and they are usually examined in the context of an individual framework, rather than a structural framework, despite straddling both domains. Such factors include family breakdown, interpersonal violence, childhood abuse, low social support, and small support networks (Buhrich, Hodder, & Teesson, 2000; Calsyn & Morse, 1991; Chamberlain & Johnson, 2011; Fitzpatrick et al., 2012). Interpersonal factors have also been highlighted as a key, and at times a necessary factor, in transitioning out of homelessness (Jones, Shier, & Graham, 2012; MacKnee & Mervyn, 2002). For example, reconnecting with families was associated with higher rates of exiting homelessness and maintaining housing for youths experiencing homelessness (Mayock, Corr, & O'Sullivan, 2011).

In summary, to fully understand individuals’ pathways into and out of homelessness we need to examine a person’s housing and homeless situations across time and place, taking into account the effects of structural (e.g. housing affordability, welfare policy), social (e.g. support groups), and individual (e.g. mental health) factors (Clapham, 2003). Homelessness spans the sphere of the individual, the social dynamics of groups and relationships, and the institutions and structures of society. However, the interactions between these societal and individual levels are not well articulated within current approaches and the research lacks a coherent theoretical framework to understand the social dynamics of homelessness. A social psychological approach has much to add to addressing this gap. The broad goal of my thesis is to understand how social and individual characteristics can influence outcomes of people
transitioning through homeless accommodation services, by examining this from a Social Identity Approach, described in Chapter 3. Social identities situate who an individual is within society, and provide a conduit through which society inhabits the individual. Before examining the theoretical framework, I first briefly outline the Australian Policy context, within which the sample is situated.

**Australian Policy Context**

To understand the rationale for the current research, it is helpful to position the work within the broader socio-economic and political context at the time of writing. Although homelessness in Australia has existed since white settlement, it has only relatively recently been considered an issue of national concern. Prior to the first federal response to homelessness (Homeless Persons Assistance Act, 1974), homelessness was viewed as a state of disaffiliation that affected a homogenous group of people. These people were stereotyped as unemployed single men who were likely to be ‘drunks’ or ‘mentally ill’. However, the rising numbers of “new homeless” – youths, single women, mothers, families, older adults, and the working poor – challenged this view (Coleman & Fopp, 2014; Neil & Fopp, 1992).

To address the diverse and complex nature of this problem, a more comprehensive and national approach was adopted, whereby federal, state, and territory governments jointly funded independent homelessness services and agencies (Supported Accommodation Assistance Program, 1985). Despite the implementation of this national program, homelessness has continued to rise in Australia (Coleman & Fopp, 2014). Critics have suggested that a crisis-focused model merely manages rather than solves the problem. These previous programs were not in any way intended, designed, or resourced to achieve a permanent reduction in homelessness (Parsell & Jones, 2015). Consequently, these prior policies and programs were deemed inadequate (Bullen, 2015; Fopp, 1996; Parsell et al., 2013).

In response to this situation, the 2007 Rudd Labor Government set the goal of halving homelessness by 2020 (Australian Government, 2008). The Government White Paper that was subsequently developed in 2008 focused on preventative interventions, creating services that not only provide housing but also increase social and economic participation, and transition people permanently into stable housing (Australian Government, 2008). Underpinning these strategies is a desire to move from ‘managing’ to reducing homelessness by supporting people to maintain sustainable housing (Parsell et al., 2013). Social inclusion is one of the guiding principles of this new approach. In the policy, this is conceptualised as
“targeting the problems that keep people in disadvantage and tackling the barriers that prevent them from participating fully in Australian life” (Australian Government, 2008, pg 19).

Explicit in this approach is the recognition that homelessness is more than a lack of housing. Instead it recommends a holistic approach that incorporates well-being and agency of a person as necessary factors to engage with to tackle social exclusion and improve social and economic participation (Australian Government, 2008).

The success of a social inclusion approach depends on access to and engagement with services and communities. Introducing a holistic approach to homelessness requires more information on how and why people use social services and how they can maintain, support and integrate into the community. With a focus on examining social connectedness, belonging, support, and well-being, the current thesis will directly contribute to this much-needed research agenda.

**Summary**

Current policy and research directives recognise that merely rehousing homeless individuals is insufficient. To address the social exclusion aspect of homelessness, strategies to end homelessness also need to boost social factors such as integrated support, community engagement, and other non-housing measures, such as well-being and life satisfaction. Despite a large research base enumerating and characterising who is homeless, it is only recently that research has begun to examine how people exit homelessness (Johnson, Scutella, Tseng, & Wood, 2015). Specifically, there is relatively little research examining how social and individual factors influence successful (and unsuccessful) transitions through homeless services. Additionally, research that examines outcomes for people who are homeless has tended to have a narrow focus (Clapham, 2010). The complexity of homelessness demands a more thorough understanding of well-being and social inclusion outcomes. In particular, I have focused on well-being as I believe this has been under examined and de-emphasised in traditional homeless accommodation service provision, and is a key aspect of what it means to have a “home”, rather than just being “housed” (Clapham, 2010).

There is a potential for a social psychological analysis to contribute to this understanding, by providing a number of models with which to develop a theoretical foundation to examine the interplay between the individual and the social environment as people transition through homelessness. The current thesis uses a social identity framework to understand this dynamic, focusing in particular on constructs of self-categorization, social identification with service providers and peers, social support, and discrimination. The social
identity approach has become a key aspect of how intergroup and group behaviours are characterised in psychological research (e.g., see Reicher, Spears, & Haslam, 2010; Turner, 1999). The social identity approach, explained in detail below, expounds on ways that groups work in society, and thus is a framework that can be applied across a broad range of domains (Haslam, 2014), including health, and well-being (Haslam et al., 2009; Jetten et al., 2014).
Chapter 3

Theoretical Framework

I used the Social Identity Approach (SIA) as the guiding theoretical framework to develop the current thesis’ aims and hypotheses. The SIA is premised on the idea that an individual’s sense of self is informed, not just by their identity as a unique individual, but also by the groups that they belong to; and when individuals define themselves in terms of a particular group membership, this will influence how they think, feel, and act. This approach is comprised of two complementary theories: social identity theory (SIT; Tajfel & Turner, 1979) and self-categorization theory (SCT; Turner et al., 1987). The core idea and unifying factor of these theories is that social identity (i.e. a psychologically meaningful group membership) is the basis for distinct forms of social behaviour and intergroup relations. The following sections outlines the tenets of social identity theory and self-categorization theory, and concludes with how these theories are critical in understanding homelessness.

Social Identity Theory

A wide range of identities forms our self-concept. These identities fall on an interpersonal–intergroup continuum that can range from a purely personal identity (as ‘I’ and ‘me’) to one that is entirely collective (as ‘us’ and ‘we’). Personal identities are composed of unique attributes that we use to define ourselves (‘I am kind’, ‘I am intelligent’; Turner et al., 1987). We also, however, define ourselves by the groups and categories we belong to (‘I am a psychologist, a woman, a student, an Australian’); this constitutes a social identity. Our social identities vary in their level of abstractedness on this continuum — from less inclusive lower-level identities (e.g. a Brisbanite, a social psychologist) to more inclusive higher-level identities (e.g., Australian, scientist; Turner et al., 1987). Social identity theory suggests that how we behave in any particular situation will largely depend on which one or more of these personal or social identities are salient. If a particular social identity is salient, that identity will form the basis of how the individual sees him or herself in that context. Consequently, the individual's behaviour will become group-based and guided by the norms of that particular social identity (for a detailed review see Oakes, Haslam, & Turner, 1994). There has been a large body of research conducted on how varying social identities can influence perceptions and behaviours in diverse ways. For example, group memberships can influence cardiovascular reactions to stress (Gallagher, Meaney & Muldoon, 2014), modelling of eating
behaviours (Cruwys, Bevelander, & Hermans, 2015), perceptions of illness symptom severity (St. Claire, Clift, & Dumbelton, 2008), and communication effectiveness (Greenaway, Wright, Willingham, Reynolds, & Haslam, 2014). As I will describe in greater detail below, self-categorization theory specifies the process that helps to explain which social identity becomes self-relevant.

A key principle of SIT is that people desire to maintain or achieve a positive social identity (Tajfel & Turner, 1986). SIT suggests we seek positive group distinctiveness through differentiation between social groups along valued dimensions of comparison. The theory was initially based on findings from minimal group experiments (e.g. Tajfel, 1970), where participants were randomly assigned into groups, ostensibly based on the trivial criteria of preference for certain paintings. These conditions were sufficient to produce ingroup favouritism and out-group discrimination when allocating resources. This occurred even when maximising ingroup gains relative to out-group gains meant the ingroup received less resources in absolute terms. Since this time, this phenomenon of in-group favouritism and positive intergroup differentiation has received decades of empirical support, in both natural and minimal groups (for reviews, see Hogg & Abrams, 1988; Mullen, Brown, & Smith, 1992). When the ingroup we belong to compares unfavourably with an outgroup, SIT outlines a number of strategies that people may engage in to produce a more positive and distinct self-concept (Tajfel & Turner, 1979; see also Hogg & Abrams, 1988; Reicher, Spears, & Haslam, 2010). These strategies include: (i) individual mobility, whereby people distance themselves from the ingroup and seek to join a different group; (ii) social competition, whereby people act collectively to improve the standing of the group as a whole; and (iii) social creativity strategies, where individuals either seek to change the value of the attributes of the group, select different relevant dimensions of comparisons, or change the comparison outgroup (see Ellemers, Spears & Doosje, 2002).

According to SIT, which of these three approaches an individual will use will vary as a function of the social realities and structures of groups, such as the perceived permeability of the group (i.e. belief a person can change group membership and gain entry into a more valued group), perceived legitimacy of the group (whether the power difference between groups is legitimate or illegitimate), and the stability of intergroup relations (whether the intergroup hierarchy and group status is stable or unstable; (Hogg & Abrams, 1988; Reicher, Spears, & Haslam, 2010).
**Self-Categorization Theory**

As previously described, our self-concept is multifaceted and an individual may adopt a diverse range of self-categorizations to describe the self. Self-categorization Theory (SCT; Turner, Hogg, Oakes, Reicher & Wetherell, 1987; Turner et al., 1994) was developed to explain how the self-system is organised and the process by which one part of this system may become psychologically active or salient in a given context. Formative work on SCT focused on providing a more complete explanation of the distinction between different levels of identification and the ways in which they underpin an individuals’ movement along the interpersonal–intergroup continuum previously described (Tajfel & Turner, 1979). More specifically, SCT asserts that social identities are only likely to be a basis for perception and behaviour to the extent that they capture meaningful patterns of intragroup similarity and intergroup difference in the social context. Thus, categorisation is shaped by the individual’s expectations and goals in that context, which derive from their social and personal history, such as group memberships and previous group encounters. The guiding principles of when we are likely to self-categorize in particular ways are perceiver readiness and fit (Oakes, Haslam, & Turner, 1994; Oakes, Turner, & Haslam, 1991). Perceiver readiness refers to the extent that a person is psychologically predisposed to use a group or category as a basis for self-definition, perception, or behaviour. This is derived from the person’s past experiences, knowledge, and current goals and motivations. Fit has two components: comparative and normative fit. Comparative fit refers to the comparative perceived similarities between in-group members and perceived differences from out-groups. Normative fit refers to the observed context matching expected similarities and differences between social categories. For example, an individual who is homeless may be more likely to self-categorize as such (i.e. see themselves as sharing category membership with other homeless people) if the social context matches their understanding of similarities and differences between homeless people and non-homeless people that are highlighted in the context (e.g., talking with a case-worker or service worker, enforcement of the rules and regulations within a service), and if this group has become meaningful to them (e.g., through repeatedly being treated as a homeless person, or through accessing homeless services).

It is a person's self-categorizations (as opposed to merely belonging to the social category) that is important, for it is these that provide the basis for psychological group membership and its consequences (Reicher et al., 2010). In particular, according to SCT, a process of depersonalisation occurs when individuals define themselves in terms of a group
membership (Oakes et al., 1994; Turner, et al., 1987). That is, an individual comes to see themselves as an interchangeable member of the group, rather than as a unique person distinct from others. This subsequently provides a basis to trust, cooperate with, influence, and to be influenced by other people (e.g. Haslam et al., 2012). Thus, it is self-categorization as part of a group, rather than acting as an individual, that forms the basis of social interaction and allows for meaningful and supportive social behaviour. For example, athletes in team sports who make group-serving attributions, rather than self-serving attributions, for the team’s failures and successes (Taylor & Doria 1981), or when group members take collective action on behalf of the group, even when this may impede their personal freedom or well-being (Drury & Reicher, 2000).

Rationale for using a SIA Framework

The social identity approach has become key to understand and theorise the way that intergroup and group behaviours affect psychological outcomes (e.g., see Reicher, et al., 2010). Within this broad framework, social identity researchers have specified a range of processes that provide insights into the ways that groups work in society and across a broad range of applied domains (Haslam, 2014). One application that has relevance for the current thesis is the burgeoning literature on social identity, health, and well-being (Haslam et al., 2009; Jetten et al., 2014). A central premise and finding of this research is that the groups we identify strongly with provide us with psychological resources; a sense of stability, meaning, purpose, direction, and support (Jetten et al., 2014). Through these psychological resources, groups can have a positive impact on our health and well-being (Haslam et al., 2009). A growing body of research has demonstrated that there are profound benefits of social connectedness and belonging on physical and mental health and well-being (Cohen, 2004; Jetten et al., 2012; Thoits, 2011). Further, when people face important life changes, the ability to connect with other individuals and communities is shown to be a good predictor of individual well-being and resilience (Jetten et al., 2012).

This may be especially relevant for people who are experiencing homelessness, as homelessness represents an exclusion from mainstream society and subsequent loss of a number of material, social, and cultural resources (Edgar et al., 2000; Fitzpatrick et al., 2012). In particular, homelessness represents a loss of a home, but frequently also represents loss of employment, loss of children, loss of contact with family and friends, loss of partners, loss of mental health, loss of physical health, loss of security, loss of status and agency, and a loss of privacy. These material, social, and cultural resources are the scaffolding that form and
support social identities. Examining homelessness from a social identity approach allows us to understand the factors that lead to homelessness, but importantly too, it helps us to develop a strengths-based approach whereby we can explore how social identity processes can be beneficial to break the cycle of homelessness amongst the most disadvantaged in society (Johnstone, Jetten, Dingle, Parsell, & Walter, 2016).

This thesis focuses on processes related to social categories, social identities, and social support of people who are transitioning through homeless. I begin by examining the impact of self-defining as “homeless” on an individual’s sense of self, and the consequences of this. Next, I examine two social identity pathways to achieving and maintaining support – identifying with the homeless service and belonging to multiple groups. This is followed by a study examining what promotes identification with both staff and other residents within a service. This study also explores the consequences of these two forms of service identification. Last, I examine the relationship between an individual trait (emotion regulation ability) and social support. Specifically, I explore how an individual’s ability to regulate their emotions during the stressful housing transition may impact upon their access to social support and subsequent well-being. Additionally, I examine the reverse; how social support may help the individual to regulate their emotional response to stress and thus lead to improved well-being. The thesis finishes with a discussion of the overall findings and what the broad theoretical and practical implications of the findings are.
Chapter 4

Overview

Gaining entry to homeless services typically requires individuals to self-identify as homeless, however, this label may be at odds with how individuals see themselves. Furthermore, because of the considerable stigma attached to homelessness, individuals’ self-categorization has potentially important implications for their well-being and for whether they engage with homeless services in order to obtain housing and psychosocial outcomes. The current chapter provides a qualitative and quantitative examination of homeless service users’ self-categorizations as homeless with an Australian sample of 114 residents of homeless accommodation centres. Results showed that self-categorization as “homeless” was accepted by 55% of respondents and rejected by 31%. Fourteen percent of participants expressed ambivalence about self-categorizing as homeless. Respondents who rejected the “homeless” label reported greater personal well-being and lower negative mood symptoms than people who accepted the label, independent of the duration of their homelessness. Self-categorization was not, however, related to service use. We conclude that an understanding of how individuals self-categorize and negotiate externally imposed labels is an important factor in explaining their well-being while in homeless accommodation services. The chapter concludes with a discussion on the implications for public policy and service providers.

This chapter comprises of a paper that has been published in the journal Analysis of Social Issues and Public Policy, and is presented here in its original form (Walter, Jetten, Parsell, & Dingle, 2015). As such, the chapter may be read as a stand-alone chapter, but it also means that it contains information that repeats some of the theoretical framework outlined in earlier chapters.
The Impact of Self-Categorizing as Homeless on Well-Being and Service Use

There is a longstanding and complex debate about what constitutes homelessness and who can and should be defined as homeless (Chamberlain & MacKenzie, 1992; Schiff, 2003; Toro, 2007). Much of this work focuses on the consequences of particular definitions for policy and the political implications of a narrow versus broad definition of homelessness. While these considerations are important, there has been little attention to whether these external classifications of homelessness map onto individuals’ self-definitions. This is unfortunate because people’s self-categorizations may have important psychological and behavioural outcomes (Turner, Oakes, Haslam, & McGarty, 1994). In this study, we examine self-categorization as homeless and its effects on individuals’ well-being and service utilization. In particular, this analysis addresses three questions. First, among those who can be defined as homeless under official definitions, how many self-categorize as homeless? Second, does housing history (i.e., the persistence of an individual’s homelessness) predict self-categorization as homeless? Third, does self-categorization as homeless relate to an individual’s well-being and use of homeless services? In order to address these questions, we first need to define homelessness.

Defining Homelessness

When considering definitions of homelessness, one of the important differences relates to whether homelessness is defined broadly and inclusively, or more narrowly. For example, the Australian Bureau of Statistics (ABS, 2012b) has recently developed a broad definition of homelessness, including those individuals whose dwellings are inadequate, those without stable tenure, or individuals who have no control over or full access to space for social relations. Australia’s broad definition builds on and is consistent with the official definition adopted by the European Union (Edgar, Harrison, Watson, & Busch-Geertsema, 2007). In contrast, the revised official US definition defines homelessness more narrowly and classifies as homeless only those who are lacking a night-time residence, those who will imminently lose primary night-time residence, those who face persistent housing instability, and those fleeing domestic violence (Department of Housing and Urban Development, 2011).

How homelessness is defined has clear political implications. As a tool of enumeration and social policy, a broad definition will lead to more people being identified as homeless. Such a definition may well support the position and agendas of advocates working to have the needs of the “homeless” recognised and addressed. Conversely, narrow definitions of homelessness may lead to responses that centre on extreme forms of homelessness, and limit
allocation of resources given to the housing needs of a broader group of people (Cloke, Milbourne, & Widdowfield, 2001).

Of further significance, the task of defining homelessness is often contested and subject to critique because it engages with a subjectively experienced and personally felt concept of home (Veness, 1993). Defining people as homeless reifies their position as the “problematic other” on the basis of what they are assumed to lack and presents them as a category that embodies homogeneity, inferiority, and dysfunction (Parsell, 2010, 2011a; Thomas, Gray, & McGinty, 2012). Despite calls for homelessness to be based on an individual’s subjective assessment of his or her own situation and perceptions (Parsell, 2012; Robinson, 2002), official definitions of homelessness rely on objectively and exogenously determined criteria. As a result, there is little consideration given to how people defined as homeless see themselves and whether they accept the externally imposed label of being homeless (for a notable exception see Snow & Anderson, 1987).

“Homeless Careers” and Identity

An issue that further adds to the complexity of capturing adequately who can and should be classified as homeless is the notion that people frequently change circumstances and move between different forms of homelessness and housing (Kuhn & Culhane, 1998). Three general subgroups of temporal homelessness have been documented (Culhane, Metraux, Park, Schretzman, & Valente, 2007; Kuhn & Culhane, 1998): (1) those who are homeless for the first time, and move quickly back into housing; (2) those who experience episodic homelessness; who move in and out of homelessness; and (3) those whose homeless situation is chronic; who go through long periods of homelessness, often cycling through temporary accommodation and/or rough sleeping.

It has been suggested that the longer people are homeless, the more likely they are to identify with homelessness as a “way of life” and develop a “homeless identity” (Chamberlain & MacKenzie, 1998, 2006; Farrington & Robinson, 1999; Snow & Anderson, 1987). Some have argued that developing a “homeless identity” is an adaptive strategy (practically, emotionally, and socially) to homelessness situations because this allows people a way to maintain and assert positive self-worth and because it acculturates individuals to life without a home (Farrington & Robinson, 1999; Osborne, 2002; Snow & Anderson, 1987). This strategy, however, simultaneously works to undermine efforts to exit homelessness (Osborne, 2002). Within the Australian social science literature, the term “homeless careers” has been used to describe the various phases and processes a person transitions through to
becoming chronically homeless, enhancing the chance of developing an identity as a homeless person (Chamberlain & MacKenzie, 1998, 2006). Not surprisingly, then, this thinking has been influential in the development of intervention programs focusing on prevention of developing a homeless identity rather than on transitioning people out of chronic homelessness (Chamberlain & MacKenzie, 1998, 2006; Minnery & Greenhalgh, 2007).

Even though such interventions are valuable, their theoretical basis may be questioned. In particular, the term “career” has been criticized because it implies a linear trajectory into homelessness, which is typically not the case (Fitzpatrick et al., 2012; Fopp, 1996). Indeed, a linear trajectory view does not fully take into account the dynamic, context-dependent, and flexible nature of the self-concept and the possibility that a person’s self-categorization may not reflect the actual situation individuals find themselves in (Parsell, 2011a, 2011b). This is a further reason why it is timely to examine the self-definitions of those who—according to the definitions and externally imposed standards—can legitimately claim to be homeless.

**Self-Categorizing as Homeless**

Self-categorization theory (Turner et al., 1987; Turner et al., 1994) illuminates the relationship between self-definition and the social world. SCT starts from the assumption that we have a range of identities that constitute our self. These identities range from self-categorizations in purely personal terms (as ‘I’) versus self-categorizations as members of social groups (as ‘We’). How people self-categorize depend in important ways on the situation and is largely determined by it. Indeed, there may be important reality constraints that make some self-definitions more likely and appropriate than others (Turner et al., 1987).

However, even though self-categorizations are partly defined by what is the most fitting category to describe a person’s situation (e.g., being a mother, student, or older adult), people are not passive recipients of their self-categories. Rather, individuals actively negotiate their identities. They accept some self-categorizations publicly but privately reject them; they qualify or redefine external categorization and accept it only partly to describe themselves; or they may only accept the self-category in some contexts, but not in others (Barreto & Ellemers, 2003; Jetten & Branscombe, 2009). In sum, notwithstanding differences in the extent to which people can legitimately claim and have others accept their identity claims (Bauman, 2004), people have considerable agency in determining which self-categorization is
most fitting and appropriate: they may choose some self-categories and reject others (Parsell, 2011a).

The interplay between negotiating external and internal social identities can be especially important when dealing with stigmatized labels (Barreto & Ellemers, 2003). Beginning with Goffman’s (1963) seminal work, there has been a sizeable body of research that has examined stigmatized identity management (for a general review, see Major & O’Brien, 2005; also Crocker, Major & Steele, 1998; Link & Phelan, 2001). Stigma, which Goffman (1963) conceptualised as any physical or social attribute that spoils an individual’s identity and subsequently disqualifies the individual from full social acceptance, can have substantial and varied effects on stigmatized groups (Crocker et al., 1998; Jetten, Iyer, Branscombe, & Zhang, 2013; Link & Phelan, 2001; Major & O’Brien, 2005). Modified labeling theory is one perspective that has examined the impact of being externally labeled with a stigmatized identity and the effects of internalizing that label (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989; Link & Phelan, 2001). This process has been examined among a wide range of groups, including people with mental illnesses (e.g., Moses, 2009), sex offenders (e.g., Mingus & Burchfield, 2012), and people with HIV/AIDS (e.g., Fife & Wright, 2000). When a person is labeled, she or he may internalize that label and the pre-learned conceptions of what that label means, including the negative stigma. This internalized conceptions, as well as other’s negative reactions to the label, contribute to behaviors that can reduce perceived life opportunities, increase isolation, and reinforce negative self-concepts (Link & Phelan, 2001).

However, with a focus on identity negotiation, self-categorization theory differs from labelling theory in the sense that the former accepts that public and private self-definitions can differ whereas the latter assumes that, over time, being externally labelled is associated with internalization of the label (Link & Phelan, 2001). For example, building on SCT, research on impostorism (Hornsey & Jetten, 2003, 2011) has shown that individuals can strategically and actively manage their identities and that private and public self-definitions may diverge. For instance, to avoid stigma and discrimination or to gain specific advantages and benefits, impostors may keep their ‘true’ identity private and publicly subscribe to another identity.

In the case of homelessness, individuals may strategically and/or instrumentally adopt a self-categorization as homeless when accessing services such as an emergency shelter or transitional accommodation. It is often a prerequisite to communicate self-definitions as “homeless” in order to meet eligibility requirements. However, even though the homeless label may be accepted in public, this may not be the way the person chooses to self-
categorize. The label has considerable stigma attached to it and refers to a marginalized societal group (Phelan et al., 1997). Being perceived as homeless can fuel discrimination including being ignored, rejected, and dehumanized (Cikara, Farnsworth, Harris, & Fiske, 2010; Phelan et al., 1997). Individuals who are experiencing homelessness also report feeling less self-worth, self-efficacy and self-esteem, and higher feelings of guilt and shame in relation to being homeless (Boydell, Goering, & Morrell-Bellai, 2000; Kidd, 2007; Lynch & Stagoll, 2002; Reutter et al., 2009).

Research examining the identity management strategies used by people who are homeless supports the notion that people are not passive recipients of the label, but rather actively manage their identities in response to different social norms and audiences (Lankenau, 1999; Parsell, 2011a; Snow & Anderson, 1987). Furthermore, these strategies are geared not only towards managing the stigma of homelessness, but also to gaining specific benefits, such as money or social support (Lankenau, 1999; Snow & Anderson, 1987). Although these previous studies show that people engage in identity management, it remains unclear how people negotiate the mismatch between external categorizations and self-definitions.

**The Current Study**

The primary focus of the current study was to examine the extent to which residents of homeless accommodation services self-categorize as homeless, and whether such self-categorizations are associated with psychological and behavioral measures. We focused on two measures in particular: well-being and service use. Well-being has been found to be an important outcome measure for services and policies (Biswas-Diener & Diener, 2006; Christian, Clapham, Thomas, & Abrams, 2012; Clapham, 2010; Thomas et al., 2012) and there is an increasing recognition that to break the cycle of homelessness, attention needs to be paid to an individual’s well-being and its constituents. Clapham (2010) goes so far as to suggest that a primary objective of policy and interventions should be to promote happiness and well-being, rather than only focus on specific outcomes such as accommodation placements. In line with this, international policy is increasingly moving toward objectives of achieving social inclusion and non-housing outcomes for people exiting homelessness (Parsell et al., 2013). In our research, we assessed the relationship between self-categorizations as homeless and two indicators of well-being: participants’ self-reported life satisfaction and negative mood.
Despite the strong need for examining and enhancing well-being among those who are homeless, research with people exiting homelessness has found no or only modest improvements in well-being and related domains, such as mood, after moving into secure housing (Pearson, Montgomery, & Locke, 2009; Tsai, Mares, & Rosenheck, 2012). We propose that acceptance or rejection of self-categorization as homeless may shed further light on the relationship between housing status and well-being. We put two opposing predictions forward. First, given that the homelessness is stigmatized, we predicted that well-being may suffer when individuals self-categorize as homeless. Conversely, given that accepting a homeless categorization may also be adaptive for practical and social reasons in homeless situations (Farrington & Robinson, 1999; Osborne, 2002; Snow & Anderson, 1987), an opposing prediction is that self-categorization as homeless may also be associated with higher well-being (i.e., higher life-satisfaction and lower negative mood).

We also examined whether self-categorization as homeless is related to use of available services at a homeless accommodation center. Within the centers, there were a number of opportunities to engage and make use of services. For example, all residents were assigned to an in-service caseworker and residents could access personal and financial counseling, or receive assistance with forms and applications. They were also encouraged to attend training, employment, and skill development workshops run by the program. Similar opposing predictions about service use can be derived from self-definitions as homeless. On the one hand, individuals may see services as more relevant and they may feel more entitled to them if they perceive these services as intended for “people like me”. However, it may also be the case that self-categorization with a stigmatized identity is associated with lower self-worth, and this may become a barrier to seeking help and accessing services (Crabtree, Haslam, Postmes, & Haslam, 2010; Osborne, 2002).

The study also examined whether self-categorization is related to housing history (i.e., the duration of the current homeless episode and previous homeless experiences). In particular, we assessed whether self-categorization as homeless is related to a longer duration of homelessness (Chamberlain & MacKenzie, 1998, 2006; Farrington & Robinson, 1999; Osborne, 2002; Snow & Anderson, 1987).

Method

Participants

The study was part of a larger project conducted in partnership with The Salvation Army (TSA). In total, 119 participants were recruited from five TSA homeless
accommodation centres in Queensland, Australia. One centre provided crisis (3 month stay) accommodation to men \((n = 50)\) of the total participants, and two centres provided crisis accommodation for unaccompanied women \((n = 31)\). These centres provided shared (i.e., two or more people) and single rooms, with shared bathroom and kitchen facilities. Two centres specialized in crisis accommodation for women with children \((n = 16)\), and provided either self-contained or single room units, within congregate group residential facilities. One centre also provided single room transitional accommodation (12 month stay) for unaccompanied women \((n = 8)\). One centre provided crisis and transitional accommodation to families (i.e., men, women, or couples, with children; \(n = 9\)) and provided individual housing and units in the community. All residents were assigned an in-service caseworker whose role consisted of completing an initial assessment and providing ongoing case management. Residents were asked to adhere to the rules and regulations of the centres (e.g., respecting rules and regulations relating to nightly curfews, no visitors, no possession of alcohol or drugs on the premises, and no aggression toward other residents or staff).

Participants were recruited via informal information sessions describing the research. Of the total 119 participants, 5 participants were excluded because their data on key measures were missing. The final sample of 114 participants (52 men, 62 women) ranged in age from 19 to 59, with a mean of 35.15 years \((SD = 9.23)\). Participant characteristics are reported in Table 1.

**Procedure**

Interviews were conducted in a private area (e.g., a manager’s office or private communal area) at the residence of the participant. Participants were informed about the purpose of the broader research project, of which the current analyses are a subset. Specifically, participants were informed that the study aimed to investigate well-being, resilience, and social connections among people experiencing homelessness. Before beginning the interview, the researchers checked that participants fully understood that their participation was completely voluntary and confidential. This included highlighting that they were free to withdraw at any point without penalty and that their responses or participation would have no effect on their relationship with TSA services or any other agency. Further, the researcher highlighted to participants that there were no right or wrong answers, and that we were only interested in their opinion. Consent was obtained, both verbally and in writing, prior to participation.
The interview format was semi-structured, and designed to flow in a conversational manner. Interviews lasted from 15 to 150 minutes, with an average of 40 minutes. Participants were asked open-ended questions regarding social connections, housing history, current life, the TSA service, and future directions. Interviews were digitally recorded and transcribed verbatim. At the conclusion of the interview, participants were given the questionnaire. Questions were read aloud by the researcher and verbally answered by the participant when the participant indicated having low literacy or when the researcher observed that participants were struggling when reading the information sheet and completing the consent form. On conclusion, participants were compensated AUS$20 for their time, and given an information sheet containing contact details of several local support services.

Materials

Self-categorization as homeless. Participants’ were asked the question “do you see yourself as homeless?” or “do you consider yourself to be homeless?” As the interview format was semi-structured, the exact wording of the question varied. They were asked to elaborate and their responses were coded with respect to whether they self-categorized as homeless.

Temporal history of homelessness. An accommodation biography (May, 2000) was recorded during the interview to construct a timeline of participants’ housing history. The biography started with a record of the current location after which previous housing (or absence of housing) was recorded, until participants reached their first childhood home. Participants were asked for duration of stay, type of accommodation, who they were living with, if they felt safe, and reasons for leaving. This was then used to code for duration of current homeless episode and history of homelessness. For practical purposes, ‘homeless’ was defined using the Australian Bureau of Statistics definition (ABS, 2012).

Life satisfaction. The Personal Wellbeing Index-Adult (International Wellbeing Group, 2006) was used to measure life satisfaction. The 8-item measure examines satisfaction with eight domains of life; standard of living, health, current life achievements, personal relationships, safety, community involvement, future security, and spirituality. Responses were recorded on an 11-point scale from 0 (completely dissatisfied) to 10 (completely satisfied). The eight domain scores were averaged to give an overall life satisfaction score, Cronbach’s alpha = .83.

Negative mood. Given the need to keep the survey short, we developed a brief mood measure aimed at assessing mood quickly and efficiently. Participant’s current negative mood was measured using the question “Today I am feeling _________” for depression, anxiety,
and stress. The items were on a 7-point scale from 1 \textit{(strongly disagree)} to 7 \textit{(strongly agree)}. A composite scale of negative mood state was created by averaging these three mood items, Cronbach’s alpha = .87. Previous research has shown that the validity of such short measures is acceptable (Starr & Davila, 2012).

**Service utilization.** Two single item measures were created for this study to assess (1) the degree to which participants perceived the service as providing help; “People at [TSA service] are provided with plenty of opportunities to improve their lives”, and (2) the degree to which they used the help provided; “I have made use of the opportunities provided at [TSA service] to improve my life”. The items were answered on a 7-point scale ranging from 1 \textit{(strongly disagree)} to 7 \textit{(strongly agree)} and were examined separately in analyses.
## Results

**Table 4.1. Demographics by self-categorization.**

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Self-categorization as homeless</th>
<th>TOTAL</th>
<th>Reject</th>
<th>Ambivalent</th>
<th>Accept</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N = 114</td>
<td>n = 35</td>
<td>n = 114</td>
<td>n = 63</td>
</tr>
<tr>
<td>Age (M, SD)</td>
<td></td>
<td>35.39</td>
<td>9.34</td>
<td>35.34</td>
<td>8.91</td>
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<tr>
<td></td>
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<td>32.06</td>
<td>9.02</td>
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<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>52</td>
<td>45.6</td>
<td>14</td>
<td>40</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>62</td>
<td>54.4</td>
<td>21</td>
<td>60</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None Stated</td>
<td></td>
<td>17</td>
<td>14.9</td>
<td>8</td>
<td>22.9</td>
</tr>
<tr>
<td>Australian</td>
<td></td>
<td>63</td>
<td>55.3</td>
<td>20</td>
<td>57.1</td>
</tr>
<tr>
<td>Caucasian</td>
<td></td>
<td>8</td>
<td>7.0</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Aboriginal or Torres Strait Islander</td>
<td></td>
<td>10</td>
<td>8.8</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>16</td>
<td>14.0</td>
<td>4</td>
<td>11.4</td>
</tr>
<tr>
<td>Have Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Yes</td>
<td></td>
<td>79</td>
<td>69.3</td>
<td>22</td>
<td>62.9</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>35</td>
<td>30.7</td>
<td>12</td>
<td>37.1</td>
</tr>
<tr>
<td>Highest Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior Highschool (Year 9 or 10)</td>
<td></td>
<td>62</td>
<td>54.4</td>
<td>16</td>
<td>45.7</td>
</tr>
<tr>
<td>Senior Highschool (Year 11 or 12)</td>
<td></td>
<td>16</td>
<td>14.0</td>
<td>8</td>
<td>22.9</td>
</tr>
<tr>
<td>Vocational</td>
<td></td>
<td>22</td>
<td>19.3</td>
<td>8</td>
<td>22.9</td>
</tr>
<tr>
<td>University</td>
<td></td>
<td>9</td>
<td>7.9</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>5</td>
<td>4.4</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Relationship Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td></td>
<td>66</td>
<td>57.9</td>
<td>19</td>
<td>54.3</td>
</tr>
<tr>
<td>Non-cohabitation relationship</td>
<td></td>
<td>19</td>
<td>16.7</td>
<td>6</td>
<td>17.1</td>
</tr>
<tr>
<td>De Facto/Married</td>
<td></td>
<td>6</td>
<td>5.3</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>Separated/Divorced</td>
<td></td>
<td>22</td>
<td>19.3</td>
<td>7</td>
<td>20.0</td>
</tr>
<tr>
<td>Widowed</td>
<td></td>
<td>1</td>
<td>0.9</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Main Income Source</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time employment</td>
<td></td>
<td>1</td>
<td>0.9</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Casual/Part-time employment</td>
<td></td>
<td>10</td>
<td>8.8</td>
<td>4</td>
<td>11.4</td>
</tr>
<tr>
<td>Welfare+ employment</td>
<td></td>
<td>10</td>
<td>8.8</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Welfare</td>
<td></td>
<td>85</td>
<td>75.2</td>
<td>26</td>
<td>74.3</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>7</td>
<td>6.2</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Accommodation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Room</td>
<td></td>
<td>71</td>
<td>62.3</td>
<td>23</td>
<td>65.7</td>
</tr>
<tr>
<td>Dorm</td>
<td></td>
<td>23</td>
<td>20.2</td>
<td>6</td>
<td>17.1</td>
</tr>
<tr>
<td>House/Unit</td>
<td></td>
<td>20</td>
<td>17.5</td>
<td>6</td>
<td>17.1</td>
</tr>
</tbody>
</table>
Self-Categorization as Homeless

A thematic analysis was conducted on participants’ responses to questions assessing their self-categorization. Following the thematic approach outlined by Braun and Clarke (2006), interview transcripts were read and, using an inductive process, patterns of responding were identified. In this way, three forms of self-categorization were identified: participants who accepted a self-categorization as homeless, participants who rejected a self-categorization as homeless, and those who were ambivalent about self-categorizing as homeless. All responses were subsequently coded according to these three categories by two independent coders. The inter-rater reliability was found to be satisfactory with a Cohen’s kappa of .80 ($p < .001$) indicating “almost perfect” agreement (Landis & Koch, 1977). Discrepancies among the classifications were resolved among the coders via in-depth discussions.

Responses of the majority of the participants (55%; $n = 63$) were coded as adopting a self-categorization as homeless. A sizeable percentage of participants (27%) did not elaborate on why they self-categorized as homeless. Of the participants who did elaborate the reason for their response, many mentioned they lacked a home, or that they did not have access to housing that provided stability, security, privacy, and access to own space (ABS, 2012; Mallett, 2004). For example, one female participant (age 43) said, “I don’t have stable accommodation, I don’t have a roof over my head, I don’t have a place I call home”. Another participant did not see the homeless accommodation as a stable or long-term housing solution and therefore self-categorized as homeless. She stated, “… at the end of the day there’s a time limit on my stay and that’s not what I would class as stable, safe accommodation” (age 27).

Participants also mentioned that they self-categorized as homeless because they lacked alternatives or material possessions to change their current circumstances. For example, one female participant (age 28) mentioned, “I just don’t have furniture of my own. Basically I’m still very much in debt with everything and yeah, I’m definitely homeless”. Some participants self-categorized as homeless because they felt they were treated as a “homeless person” or because they were staying in a homeless facility. One respondent explained, “They treat you like you are homeless so and you know with all the rules and regulations put upon you yeah, I find this is more of an asylum” (male respondent, age 32).

Only a small proportion of those who self-categorized as homeless mentioned that they accepted the homeless label to gain access to services or help. For instance, one female
participant said, “when you say it, I guess, it brings a whole realization that you are homeless and you want to get help and you have to do something about it” (age 25).

The second largest group were classified as rejecting self-categorizations as homeless (31%; n = 35). Individuals classified in this group did not see the category as being personally applicable. The primary reason given for rejecting self-categorization as homeless was because participants defined homelessness differently from their situation. For example:

To me homeless is on the street. This is a hostel, it’s a refuge, it’s a roof over your head, a shower, food, so I wouldn’t say I was homeless. I’ve got somewhere to go everyday to sleep, so I wouldn’t say I’m homeless (male respondent, age 44). Often, participants would compare their own situation to others in worse situations or they would recall instances where they themselves were worse off in the past than at present. As a 24 year old male respondent explained, “I did a little bit of time on the streets. Compared to that no. Struggling yeah, but not homeless”.

Some rejected a self-categorization as homeless because they felt they had alternative options for housing or because they chose to live in the TSA accommodation service. For example, one female participant mentioned, “I could have some options if I really want them but no, I’m not really homeless ... but I choose to live here because it’s the safest place to be” (age 43).

Another reason participants gave for not self-categorizing as homeless was that the homeless accommodation provided a sense of home. As one participant responded, “It might be a homeless shelter, but it doesn’t feel like one ... So, basically I’m not homeless, I feel like this is my home” (female respondent, age 19).

Responses of a smaller group of participants were classified as ambivalent with respect to whether they self-categorized as homeless (14%, n = 16). Participants classified as ambivalent neither fully accepted nor rejected being homeless. They often partially accepted the label but with a caveat or qualification, such as, “I do ... because I do not have my own place, but yet again I’m not homeless Joe that you see on the side of the road sleeping” (female respondent, age 20).

Responses were also categorized as ambivalent when a person made contradictory statements that indicated both acceptance and rejection of a self-categorization as homeless. For instance, one participant said, “Yeah ... this place can kick you out whenever you want” but later mentioned, “Yeah cause you’re not really homeless [at TSA service]. Homeless is out on the sleeping in the gutter with nowhere to stay ... you still got a roof over your head, you still got meals” (male respondent, 30). Another participant stated, “Well I guess I am, I
don’t have my own home. I mean I am housed here so I’m not 100% homeless” (female respondent, age 35).

**Homeless History**

Due to the retrospective nature of the data and the difficulty for participants to provide accurate and precise information about their housing history, we did not attempt to assess the number of days or months that individuals had been homeless and instead used broad categories. On the basis of the interviews, participants were categorized into transitional, episodic, or chronic homeless (Culhane et al., 2007; Kuhn & Culhane, 1998). Those classified as transitional had no prior history of homelessness, whereas episodic was defined as having prior episodes of homelessness that were generally short term (< 1 year) between periods of stable housing. Chronic homelessness was determined by frequently occurring episodes of homelessness, and episodes that were longer term (> 1 year). In line with patterns of time spent homeless, we also examined duration of current homeless episode as short term (< 6 months), medium term (6 – 12 months) and long term (> 12 months). Our coding scheme is similar to previous research by Rossi (1989) and Johnson and Chamberlain (2011), who also distinguish between the short, medium, and long-term homeless duration. The proportion of housing history variables by self-categorization as homeless is presented in Table 4.2.

**Table 4.2.** Housing history variables for participants by self-categorization group.

<table>
<thead>
<tr>
<th>Self-categorization as homeless</th>
<th>TOTAL</th>
<th>Reject</th>
<th>Ambivalent</th>
<th>Accept</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 106</td>
<td></td>
<td>n = 33</td>
<td>n = 14</td>
<td>n = 59</td>
</tr>
<tr>
<td><strong>Duration of Current Homeless Episode</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-term (&lt; 6 months)</td>
<td>60</td>
<td>50.6</td>
<td>20</td>
<td>60.6</td>
</tr>
<tr>
<td>Medium (6 months to 1 year)</td>
<td>23</td>
<td>21.2</td>
<td>6</td>
<td>18.2</td>
</tr>
<tr>
<td>Long (&gt; 1 year)</td>
<td>23</td>
<td>28.2</td>
<td>7</td>
<td>21.2</td>
</tr>
<tr>
<td><strong>Prior History of Homelessness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No prior episodes</td>
<td>38</td>
<td>35.8</td>
<td>12</td>
<td>36.4</td>
</tr>
<tr>
<td>Short Term Episodic</td>
<td>27</td>
<td>25.5</td>
<td>9</td>
<td>27.3</td>
</tr>
<tr>
<td>Long Term Episodes/Chronic</td>
<td>41</td>
<td>38.7</td>
<td>12</td>
<td>36.4</td>
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</tbody>
</table>
Chi-square tests of independence were conducted to examine the relationship between self-categorization as homeless and the history of homelessness variables. The relation between self-categorization and current duration of homeless episode was found to be non-significant, \( \chi^2 (4, N = 106) = 3.41, p = .492 \), as was the relationship between self-categorization and prior history of homelessness \( \chi^2 (4, N=106) = 1.16, p = .885 \).

**Outcomes Associated with Self-Categorization as Homeless**

To determine if self-categorization as homeless related to life-satisfaction and current negative mood, one-way independent-groups ANOVAs were conducted. The means and standard deviations of the variables for each of the groups are presented in Table 3. Post hoc comparisons, using Bonferroni corrections, were conducted to explore significant effects.

**Self-categorization and life-satisfaction.** There was a significant effect of self-categorization on life-satisfaction, \( F (2, 111) = 8.96, p < .001, \eta^2 = .139 \). Further analyses revealed that life satisfaction was significantly higher for those who rejected a self-categorization as homeless (\( M = 6.68, SD = 1.50 \)) compared to those who accepted a self-categorization as homeless (\( M = 5.15, SD = 1.81; p < .001 \)). Those who were classified as ambivalent about their self-categorization as homeless (\( M = 5.70, SD = 1.77 \)) did not significantly differ in their life-satisfaction from those who accepted or rejected a self-categorization as homeless (\( p = .750 \) and \( p = .186 \), respectively).

**Self-categorization and negative mood.** There was a significant effect of self-categorization on reported levels of current negative mood, \( F (2, 111) = 4.10, p = .014, \eta^2 = .074 \). However, it is worth noting that the means of all three groups were either around the mid-point or below the midpoint, indicating that, in general, participants reported low levels of negative mood. Nevertheless, those who rejected self-categorization as homeless reported significantly lower levels of negative mood (\( M = 2.94, SD = 1.68 \)) compared to those who accepted the self-categorization (\( M = 3.87, SD = 1.72; p = .032 \)) and those who had an ambivalent self-categorization (\( M = 4.19, SD = 1.53; p = .048 \)). There was no difference between the group of those who accepted a self-categorization as homeless, and those who were ambivalent (\( p > .999 \)).

**Self-categorization and service use.** There was no significant effect of self-categorization and perceiving opportunities provided by the service, \( F (2, 102) = 0.42, p = .657, \eta^2 = .008 \), or making use of opportunities provided by the service, \( F (2, 102) = 0.96, p = .386, \eta^2 = .010 \). All three groups had means above the scale’s midpoint on these items, indicating moderately high use of services (see Table 4.3 for relevant means).
Table 4.3.
Means, standard deviations and analyses for measures of well-being and service use by self-categorization group.

<table>
<thead>
<tr>
<th>Measures</th>
<th>Total</th>
<th>Reject</th>
<th>Ambivalent</th>
<th>Accept</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Life-satisfaction</td>
<td>5.70</td>
<td>1.83</td>
<td>6.68</td>
<td>1.50</td>
</tr>
<tr>
<td>Negative mood</td>
<td>3.63</td>
<td>1.74</td>
<td>2.94</td>
<td>1.68</td>
</tr>
<tr>
<td></td>
<td>n= 102</td>
<td>n= 34</td>
<td>n= 10</td>
<td>n= 58</td>
</tr>
<tr>
<td>Service use</td>
<td>5.51</td>
<td>1.46</td>
<td>5.74</td>
<td>1.33</td>
</tr>
</tbody>
</table>

Discussion

In the current study, we investigated self-categorization as homeless among a sample of residents of homeless shelters and accommodation services. The primary focus of the study was to examine the extent to which participants self-categorized as homeless, and whether self-categorization as homeless was associated with history of homelessness and current psychological and behavioural outcomes. Specifically, we examined (a) whether people who can be defined as homeless under Australian definitions also self-categorized as such, (b) whether the duration of current homelessness and pervasiveness of past homelessness predicted self-categorization as homeless, and (c) whether self-categorization affected well-being and service use.

In relation to the first question, we found that the majority of participants (55%) responded that they self-categorized as homeless, and thus their self-categorizations were congruent with how they were defined under standard definitions of homelessness. There was, however, a significant portion of the sample whose self-categorization did not match how they were officially defined. Specifically, 31% rejected a self-categorization as homeless and 14% were ambivalent about self-categorizing as homeless.

The range and complexity of responses demonstrated that self-categorization was an active process of identity negotiation for a number of people. Among the elaborations respondents gave for their self-categorization, the vast majority revolved around the notion of the presence or absence of a home; housing that provided stability, security, privacy, and access to space (Australian Bureau of Statistics, 2012b; Mallett, 2004). Individuals who
rejected or were ambivalent towards self-categorizations as homeless often made downward comparisons to worse accommodation situations, or appeared to perceive their current situation as not constituting homelessness. Some participants who spoke about “homeless people” perpetuated stereotypical images of the homeless, such as being on the street, and thus by definition different to them. This is consistent with findings in the broader poverty literature, which show that even though social comparisons with others that are perceived to be more devalued than the self can serve a purpose to maintain a positive identity, this can also perpetuate negative stereotypes (Reutter et al., 2009; Roschelle & Kaufman, 2004) and legitimize discriminatory treatment (Jetten et al., 2013).

These findings suggest that, in accordance with other research, people experiencing homelessness are not passive recipients of the external labels applied to them (Parsell, 2011a). Rather, individuals who are homeless actively manage and negotiate their identities in ways that are congruent with their ideas and notions of home and homeless. The finding that some participants showed ambivalence towards self-categorizing as homeless further suggests that self-categorization processes are not necessarily straightforward. Even though the way people construe their situation may contain ambiguities and contradictions for the outside observer, they may make perfect sense in the eyes of the participant (Eggins, O’Brien, Reynolds, Haslam, & Crocker, 2008; Jetten & Branscombe, 2009).

The current study is only a preliminary examination of self-categorization as homeless. The aim of the research was not to enumerate the exact proportion of people who self-categorize as homeless. Indeed, we believe that it is not meaningful to focus on the percentages of respondents who were coded as accepting, rejecting or ambivalent of a self-definition as homeless and we are open to the idea that other self-categorizations than the ‘accepting’ category dominate in other samples of homeless people. Rather, the contribution of our research lies in the finding that self-categorizations relate in meaningful ways to important outcomes such as well-being. It should be kept in mind that we did not explore the full spectrum of homelessness (including those who literally live on the streets to people living in inadequate dwellings). It is therefore important to not generalize the percentage of people whose self-categorization fell in a particular coded category beyond the current sample. It is possible and likely that rates of homeless self-categorization would differ when including a wider range of homeless people. For example, individuals in more ambiguous housing circumstances (such as those in severe overcrowding, or marginal housing) may be more likely to reject self-categorizing as homeless because their “homeless” status is less clear cut and more contested (Chamberlain & MacKenzie, 1992; Schiff, 2003; Toro, 2007).
Having said this, given that all people in our sample could unequivocally be defined as homeless, under both broad and narrow government definitions, it is quite interesting that we still found considerable variability in self-categorizations. Further research should examine different forms of homelessness to better understand self-categorizations among those living in different living conditions.

This need for further research examining self-perceptions among low-income groups is evident in the broader literature on social class and poverty. A review of the limited research in this area suggests that a majority of low-class individuals do not strongly identify with their social background (Williams, 2009; see also Fiske & Markus, 2012). It has been suggested that the lack of group identification undermines the likelihood that members of disadvantaged groups respond collectively to challenge the negative treatment (Jetten et al., 2013; Williams, 2009).

After establishing that there may be discrepancies in the label used to describe an individual’s housing situation and self-categorizations, we examined whether self-categorization was related to housing history. Housing history appeared at first sight a likely candidate to predict self-categorizations because developing an identity as a homeless person has been argued to be associated with longer durations of homelessness, and as part of the process of becoming chronically homeless (Chamberlain & Mackenzie, 1998, 2006; Farrington & Robinson, 1999; Snow & Anderson, 1987). However, contrary to previous theorizing (Farrington & Robinson, 1999; Osborne, 2002), we did not find a relationship between self-categorization as homeless and either duration of current homeless episode, or the temporal typology of homeless history. That is, merely knowing basic housing history (typology and time currently homeless) did not predict whether people self-categorized as homeless. This further suggests that, rather than a temporal inevitability based on objective housing history, a person’s self-categorization is a dynamic process best predicted by the way an individual makes sense of their situation (in relation to others’ housing situation and in relation to their own housing history).

Our third aim was to examine the relationship between self-categorization as homeless and psychological and behavioural outcomes. Specifically, we examined how self-categorization is related to well-being (measured as life satisfaction and negative mood) and service use. Our results demonstrated that participants who did not self-categorize as homeless, and thus rejected internalizing the external homeless label, reported higher life-satisfaction and lower overall negative mood, compared to participants who did self-categorize as homeless. There was of a moderate effect size (Cohen, 1988), with self-
categorization accounting for 14% of the variance in life satisfaction and 7% of the variance in negative mood. It is likely that the social stigma associated with being a “homeless person” and the discrimination that homeless people face (Cikara et al., 2010; Phelan, et al., 1997; Reutter et al., 2009, Thomas et al., 2012) is an important reason why well-being suffers when individuals self-categorize as homeless (see also Crabtree et al., 2010). This suggests that rejecting a homeless self-categorization could be a protective strategy to buffer a person's self-concept and psychological well-being from the negative implications of belonging to a stigmatized group, which is consistent with other psychological literature (Branscombe, Fernández, Gomez, & Cronin, 2012). It is also possible that people who have a more positive outlook in general gravitate to positive categories and reject self-categorizations with more negative groups. However, to our knowledge, there is no evidence to suggest that such individual-level factors affect self-categorization and identification. Rather, self-categorizations are context based and structured by perceptions of normative and comparative fit that determine whether an individual perceives a particular category as relevant to describe the self (Turner et al., 1987). There is also a large body of work showing that social structural conditions such as the pervasiveness of discrimination, the ability to conceal stigma, the perceived prototypicality of the person to the category affect normative and comparative fit and thus the likelihood that people self-categorize (Branscombe et al., 2012).

We did not find evidence that self-categorization as homeless was related to service use. Participants who rejected self-categorizations as homeless did not differ from those who accepted self-categorizations as homeless on perceiving and using the opportunities provided by the TSA service. The finding that self-categorization does not impact with behaviours within a service is in line with findings by Parsell (2011a), who suggested that “homeless” individuals, like anyone else, have multifaceted and fluid identities, and can negotiate different identities and behaviours in particular contexts and in response to practical needs. In particular, Parsell (2011a) noted that the identities and behaviour of people who were homeless were a reflection of the context and social norms and expectations of that context. Specifically, in a context of receiving charity, people presented themselves as the “passive meek homeless person”, while in a differing context of a café targeted for the homeless, people were able to be the “assertive empowered customer” (Parsell, 2011a). This is also congruent with other research that suggests people can subscribe to external labels and assert these identities in public to confer benefits, while having a divergent internal self-categorization (Barretto & Ellemers, 2003; Hornsey & Jetten, 2003; 2011).
It may be the case that we did not find a significant relationship between self-categorization and service use because the majority of participants reported high service use. This is perhaps not surprising because all participants were already residing at the homeless centre, and were thus using the services offered at the centre to some degree. However, inspection of the mean scores and standard deviations does not indicate that there was a ceiling effect on this measure and the variability in responses was reasonable. Future research should include a more extensive measure of service use (including people’s use of other homeless services) to address this issue. Further, research could sample a more diverse range of homeless experiences and contexts, rather than focusing on one service provider. This may elucidate how self-categorization can impact on service utilization in individuals who are not already actively using homeless services.

Limitations, Strengths, and Future Research

The current study provides important insight into the self-categorizations of those who can be classified as homeless. By triangulating qualitative and quantitative measures, it became clear not only that there might be a discrepancy between how people self-categorize and how they are labelled by others, but also that these self-categorizations are meaningfully related to psychological and behavioural outcomes.

The limitations to the current study provide pointers for future research. First, the cross-sectional methodology does not allow us to infer the directionality or causation of the relationship between self-categorization and well-being. To shed light on this, future research should aim to explore the relationship between self-categorization and outcome variables longitudinally and/or experimentally. The reliance on self-report to determine retrospective housing history has obvious limitations. Self-report methodologies are susceptible to a number of cognitive biases and recall error. For example, people may have inaccurately reported homeless and housing experiences, and the self-reported housing timelines may not accurately reflect reality. Recognizing that it was not possible to employ a fine-grained coding scheme, homeless duration and homeless history were examined as categorical variables.

Similarly, although we found no relationship between self-categorization and prior homeless history duration or current homeless history duration, we did not measure people’s interpretations of severity of their past homeless experiences or their pathways into homelessness. The biographies and past experiences a person brings with them could be more important in determining the way a person currently sees their situation, rather than time spent
homeless (Johnson, Gronda, & Coutts, 2008). This possibility should be examined in future research.

Despite the interviewers’ instructions that s/he was only interested in the participant’s personal opinion, some participants may have accepted the homeless label because they felt that the researcher expected them to self-categorize as such. This may be particularly likely because the study was introduced as a study examining experiences of people who are homeless. This may mean that the percentage of participants in our sample who accepted the homelessness label is actually lower than the number we report there. In future work, researchers may be mindful of the way their study is presented to participants, as participants may adopt the labels used by the researchers and subsequent responses may not reflect how these participants self-categorize.

It is important when interpreting these findings to take into consideration the interactional context of the interview and the role this plays in shaping participant responses (see Potter & Hepburn, 2005). As outlined in SCT, how and whether, an individual perceives themselves in terms of a particular group membership is shaped by the social context. Within the interview context, an individual’s response will be shaped by, and indeed dependent upon, who is asking, what they are asking, how they are asking it, and where they are. These inherent issues surrounding research designs and the interview context need to be acknowledged. In particular, the way the research was described, the interview schedule design, and interviewers themselves determined the categorisation of responses. For example, participants were recruited on the basis that they were at a homeless service. This may have affected the way participants responded to the research questions. Additionally, the interview/research information stated that the researchers were interested in understanding the views and experiences of the individual. This potentially encouraged participants to engage in an alternative discourse to categorising the self and this framing may have led them to perceive the context as one where it would be safe and acceptable to reject the homeless categorization. Finally, the responses and questions for elaboration by the interviewer may also have encouraged participants to self-present in particular ways. Relatedly, it is also possible that conducting the interview on site provided situational cues that shaped how participants saw and responded to questions.

Nevertheless, as the research design and setting were kept constant for all participants however, it is unlikely to be able to explain the variability in responses and the relationship between self-categorization and outcomes. Further, participants’ responses during the qualitative interview made clear that there was considerable variability in how participants
perceived the services and in the extent to which they made use of services. This provides
greater confidence that participants felt comfortable to speak freely and that they were not just
responding in a socially desirable way.

Policy Implications and Conclusion

Definitions of homelessness, like definitions of all social problems, set the parameters
of social and policy debates. Moreover, these definitions imply presuppositions of what the
problem is taken to be and how policy ought to address the problem (Bacchi, 1999). Much of
the debate in the homelessness policy area has focused on the implications of a narrow versus
broader definition. Despite the complexities and the inherent subjective aspect of defining
homelessness (Schiff, 2003; Toro, 2007; Veness, 1993), there is an empirical gap in our
understanding of how external definitions of homelessness correspond to individuals' own
self-definitions. This is surprising because examining and enhancing well-being among those
who are homeless is increasingly recognised as an important outcome measure for services
and policies (Biswas-Diener & Diener, 2006; Christian et al., 2012; Clapham, 2010; Thomas
et al., 2012) and is an important consideration in breaking the cycle of homelessness
(Clapham, 2010). Our preliminary evidence for the relationship between self-categorization as
homeless and well-being highlight the implications that self-categorization may have on
understanding the experience of people who are transitioning through homelessness.

Official definitions of homelessness, although necessary for practical reasons, cannot
and should not be assumed to represent how people define themselves. Definitions are
developed as a process of public policy and serve the interests of those who use them. We
have demonstrated that a homeless label is not always informative or relevant for how people
defined as homeless see themselves. When accessing homeless services, however, people are
not only classified as homeless, they are also treated as such. As Carr (2010) insightfully
demonstrates with people accessing drug rehabilitation programs, the continued access to
services requires one to adopt the script of a good client. Engaging with social services,
particularly when contingent accommodation is involved, requires clients to adopt certain
language and present themselves in ways prescribed by the service provider. In the specific
homelessness service provision context, the eligibility, intake, therapy and casework
dimensions of being a homeless client may inadvertently contribute to a person’s negative
perceptions by categorizing people by what they are assumed to lack.

In our research, participants articulated a need for housing and supported
accommodation without seeing themselves as homeless. This has a number of policy
implications. Most importantly, our results highlight the importance of not tying people’s needs, for example, their need for housing, with categories and identities that are based on assumptions of who the people are and how they see themselves vis-à-vis what their needs are. We suggest that it is important for homelessness agencies and housing providers to make their services available in a way that does not a priori assume knowledge of the self-concept or identity of service users. Instead, macro social policy, together with the internal policies of services providers, should make services and housing resources available in a way that focuses on individual need. This recommendation is consistent with emerging homelessness definitions that take into account people’s subjective experiences rather than their objective housing attributes (ABS, 2012b; Edgar et al., 2007).

By shifting the policy focus toward individual need as opposed to targeting interventions to a problematized homeless category, policy can play a role in reducing the stigma attached to people accessing or in need of resources to address homelessness. Taylor (1998) reminds us of the way social policy can act to further stigmatize an individual by linking their need for specific services to discredited and devalued identities. Our empirical data about the relationship between avoiding self-categorizations of homelessness and positive well-being supports the premise of Taylor’s theoretical assertions. Our research highlights the need for policy change to enable housing and accommodation resources to be made available in ways that empower people with the legitimacy of accessing housing as a citizen (Watts, 2014) and that do not impose a deficiency based and all-encompassing homeless identity on the recipient.
Chapter 5

Overview

As outlined in the previous chapter, people who are experiencing homelessness are often required to present themselves as a homeless person and adopt the labels and languages of the service providers to access support. This is consequential because being ‘homeless’ is a highly stigmatised social category and perceiving the self as homeless has been found to have negative associations with well-being. The aim of the current chapter was to extend the findings of Chapter 4 by experimentally manipulating the salience of self-categorization as homeless, and investigating its psychological effects. Results from a sample of crisis homeless accommodation service users \((N = 80)\) reveal that participants who were required to self-categorize as homeless at the beginning of the questionnaire had significantly lower perceptions of achieving future life aspirations and perceived competency than participants in a no self-categorization control condition. Further, these effects mediated the relationship between self-categorization and well-being. The chapter concludes with a discussion of the role and consequences of self-definitions as homeless in situations that are difficult to physically disengage from or to psychologically resist.
All that I am: Self categorization as homeless and the consequences for aspirations, self-stereotyping, and well-being in people in homeless accommodation

People who are homeless face many challenges in their daily lives. In addition to the practical challenges inherent in the material disadvantage and social exclusion of homelessness – such as finding adequate housing, income, food, and health care – homelessness also carries psychosocial cost. People can face stigmatisation, marginalisation, discrimination, and even criminalisation due to being homeless (Busch-Geertsema et al., 2010; Johnson et al., 2008; Philippot et al., 2007). Despite the diversity of people who experience homelessness, ‘homeless people’ are often perceived as a homogenous, inferior, and dysfunctional group (Phelan et al., 1997; Thomas et al., 2012; Zufferey & Kerr, 2004). Indeed, within media, public policy, and academia alike, people experiencing homelessness are typically categorized only in terms of their homelessness. Consequentially, even though such external categorizations may not correspond with a person’s own self-categorization (Walter et al., 2015), this can become the defining and all-encompassing identity ascribed to the person (Parsell, 2010, 2011a). The consequences of being categorized as such can be serious; homeless people as a group are perceived as “the lowest of the low” - neither competent nor warm; and are not perceived by others as fully human (Fiske, Cuddy, Glick, & Xu, 2002; Harris & Fiske, 2006).

We focus here on advancing our knowledge of the way in which the salience of a self-categorization as homeless affects self-perceptions and well-being outcomes. The research in this chapter builds in important ways on prior research on the impact of the homeless self-categorization on individuals’ negative mood and well-being (Walter et al., 2015). Specifically, among residents of a homeless accommodation service, we found that, independent of the duration of their homelessness, those who rejected the ‘homeless’ label reported higher personal well-being and lower negative mood symptoms than participants who had adopted the label to describe the self. However, this previous research has been correlational in nature, and did not allow for causal inferences: the conclusion that self-categorization as homeless causes negative mood and lower well-being. Thus, the aim of the current study was to establish evidence for causality by investigating the psychological costs of self-categorizations as homeless experimentally.

Self-categorization and Homelessness

To understand when and how belonging to the homeless category may influence how individuals see themselves, we draw from self-categorization theory (SCT). According to
SCT, the social context defines and shapes when an individual will be perceived by others and, potentially more importantly, perceive themselves in terms of a particular group membership (Turner et al., 1987; Turner et al., 1994). When a person self-categorizes in terms of a particular group membership, that group’s characteristics will inform the person’s sense of self, attitudes, beliefs, and actions. Category salience depends on the fit of the category to the context and perceiver’s psychological readiness to use a particular category (e.g., Doosje, Ellemers, & Spears, 1995; Ellemers et al., 1997; Haslam & Turner, 1992). Thus a SCT approach departs from examining the self as a unitary and stable concept whereby the ‘homeless identity’ is a key all-consuming identity. Rather, SCT proposes that it is only in certain social contexts that a homeless category is more likely to become salient and thus impactful for the self. Qualitative research conducted by Parsell (2011a) supports the idea that social contexts can shape the identities and behaviour of people who meet the standard definition of being homeless. Specifically, when receiving charity, people presented as the “passive meek homeless person” conforming to the social norms and expectations of the context. Conversely, in a context that encouraged more agentic behaviours (e.g., in a café for people experiencing hardship), people displayed behaviours that were in line with an “assertive empowered customer” role (Parsell, 2011a).

The salience and consequences of homeless categorisation may be particularly evident for people who are actively accessing homeless services. Accessing services, particularly when contingent accommodation is involved, requires service users to adopt certain language and present themselves in ways prescribed by the service provider (Carr, 2010). Intake and eligibility dimensions of the service, mandated engagement with caseworkers and case-management plans, structured living conditions, and rules and regulations may emphasise the low status of homeless clients. Put differently, within the service context, the normative and comparative fit of the homeless category will be enhanced. Repeatedly being treated or defined as a homeless person can also increase perceiver readiness to have the category predisposed to become salient (Turner et al., 1987).

**Stigma and Homelessness**

In the previous chapter, we theorised that that the social stigma and stereotypes that are associated with being a “homeless person” is an important reason why well-being suffers when individuals self-categorize as homeless (Walter et al., 2016; see also Crabtree et al., 2010). Prior research has shown that when situational cues signal that a negative stereotype about one’s group can be applied to the self in a social context, social-identity based
devaluation of the self may occur, such as stereotype threat (Branscombe, Ellemers, Spears, & Doosje, 1999; Steele, Spencer, & Aronson, 2002). Stereotype threat is defined as a situational threat that an individual experiences when they believe they will be judged by the stereotypes of a negative group they belong to, or that their actions will confirm the negative stereotypes. Within this literature, research has typically focused on the consequences of stereotype threat for underperformance in stereotyped dimensions (Lewis & Sekaquaptewa, 2016; Steele & Aronson, 1995; Steele et al., 2002). The broader impact of stereotypes and social identity threat have also been found in domains beyond test performance, such as self-perceptions, workplace well-being and aspirations, and intergroup relations (Barreto, Ellemers, Piebinga, & Moya, 2010; Goff, Steele, & Davies, 2008; Kalokerinos, von Hippel, & Zacher, 2014; Rudman & Phelan, 2010; Tatum & Sekaquaptewa, 2009). Additionally, these effects have been researched amongst many minorities and stigmatised groups, such as women (Spencer, Steele, & Quinn, 1999), African Americans (Steele & Aronson, 1995), ethnic minorities and immigrants (Gonzales, Blanton, & Williams, 2002; Weber, Appel, & Kronberger, 2015), low SES Students (Spencer & Castano, 2007), and older adults (C. Haslam et al., 2012). However, there is a dearth of experimental research on this for people who are homeless. This is a serious omission, as understanding how people experience their homelessness can extend and inform policies and programs to end homelessness and improve well-being. Understanding self-concept and agency in particular have been highlighted as important aspects of a person’s experience that is lacking within both the research and the policy realm that may impact both well-being and individual’s ability to break the cycle of homelessness (Clapham, 2010; Parsell, Eggins, & Marston, 2016; Parsell & Parsell, 2012). The current study aims to extend the evidence base by examining the self-perceptions (and impact of these perceptions) in the context where situational cues highlight an individual’s homeless status. Specifically, we examine self-perceptions in self-stereotyping and future life aspirations.

**Self-stereotyping.** Self-categorization theory suggests that the context within which self-categories become salient will affect the degree to which ingroup stereotyping will occur (Hogg & Abrams, 1988; Turner et al., 1987). That is, in contexts where group membership is salient and self-referential, an individual will perceive himself or herself as more similar to other group members (i.e. self-stereotyping; Hogg & Turner, 1987; Turner & Reynolds, 2001). Consistent with SCT, previous research has shown that identification with stigmatised groups have been associated with describing oneself in in line with both positive and negative stereotypical traits of the stigmatised group (Burkley & Blanton, 2009; Pickett, Bonner, & Coleman, 2002).
There are a number of stereotypes associated with being homeless, including being lazy, mentally ill, passive, irresponsible, unmotivated, or dependent (Kidd, 2007; Link et al., 1995; Tompsett, Toro, Guzicki, Manrique, & Zatakia, 2006; S. Williams & Stickley, 2011). Other stereotypes focus on the vulnerability of ‘homeless people’ — they are perceived as struggling and in need of care and compassion (Benbow, Forchuk, & Ray, 2011; Kidd, 2007; Shier, Jones, & Graham, 2011). Both themes revolve around the individual’s dysfunction and inferiority; individuals are defined by what they are assumed to lack, with a common discourse around being unable or unwilling to help themselves (Parsell, 2011a; Parsell & Parsell, 2012). Within traditional homeless and welfare service contexts, perceptions and practices can inherently imply that individuals need to be case-managed and “fixed” before they are able to sustain a tenancy which suggests a sense of incompetence or deficit on the side of the individual (McNaughton, 2008; Schneider & Remillard, 2013; Stuber & Schlesinger, 2006).

There is a consensus within the research on stereotyping that social judgement can be reduced to two fundamental dimensions, commonly referred to as competence and warmth (Abele, Cuddy, Judd, & Yzerbyt, 2008; Cuddy et al., 2009; Fiske et al., 2002). On these dimensions, research has found that people generally categorize “the homeless” as low on both dimensions (Cikara et al., 2010; Fiske et al., 2002; Harris & Fiske, 2006). Following from this, within the current study, we examine both dimensions. We suggest, based on the above literature, that within social contexts that highlight the ‘homeless person’ identity, an individual would be aware of the stereotypes and perceptions associated with that identity, particularly stereotypes surrounding reduced competence and dysfunction. Consequently, we predict that when primed with a homeless self-categorization, people will perceive themselves as less competent. In turn, we predict, in line with previous research, that lower ratings of one’s perceived competency will predict lower mental well-being (Corrigan, Kerr, & Knudsen, 2005; Corrigan & Wassel, 2008; Reutter et al., 2009; Rüsch et al., 2009; Reis, Sheldon, Gable, Roscoe, & Ryan, 2000).

In addition to competence, it is possible that greater self-stereotyping may occur on the dimension of warmth and on specific stereotypical homeless traits. Although we investigate this possibility, there is less evidence for these predictions. For example, past research has shown that in response to negative stereotypes, people may describe oneself as more honest and as a kind homeless person (Boydell et al., 2000; Snow & Anderson, 1987) or by distancing themselves from overt homeless stereotypes and actions (Snow & Anderson, 1987; Walter et al., 2015).
**Future Life Aspirations.** Another important dimension that may be affected by self-categorization as homeless is how a person perceives their future. Homelessness is described as a disempowering experience and one that is often associated with loss and social exclusion in a variety of domains of life (Fitzpatrick et al., 2012; Scutella & Johnson, 2012; Thomas et al., 2012). Defining the individual as ‘homeless’ reiterates their loss, disadvantage, and social exclusion and overshadows the strengths and resilience of people who are homeless. Clearly, this would be at odds with calls to take a strengths based approach to understanding the experience of homelessness (Biswas-Diener & Diener, 2006; Hodgetts, Stolte, & Groot, 2014; Johnstone et al., 2016; Somerville, 2013). Consequently, future life aspirations seems a natural variable to examine. Future life aspirations is usually measured on two dimensions; strength of importance of aspirations and chances of achieving aspirations (Kasser & Ryan, 1996). Previous research suggests that people experiencing homelessness have not given up on socially normative aspirations for their life in the domains of housing, despite also thinking these goals are unattainable for them (Parsell, 2012; see also Parsell & Parsell, 2012). Thus we predict that the perceived chances of achieving these aspirations, rather than relative importance of aspirations, will be impacted by self-categorisation as homeless. That is, what is contextually relevant to the homeless experience is what a person believes they are able to achieve, rather than what they want to achieve. Further, it is likely to be this perceptions of chances of achieving future life aspirations that is important for well-being (Kasser & Ryan, 1996).

Thus, we predict that participants for whom a self-categorization as homeless is more salient will have lower perceptions of achieving future life aspirations compared to participants for whom this self-categorization is less salient (rather than having fewer or less important future life aspirations). In turn, we predict that perceptions of achieving future aspirations will be positively related to well-being (Deci & Ryan, 2008; Myers & Diener, 1995). In particular, a large body has demonstrated that intrinsic goals (pursuits that are focused on intrinsic need satisfaction; that is, the innate psychological needs for relatedness, autonomy, and competence), rather than extrinsic goals (pursuits focused on attaining rewards), are important for well-being (Ryan & Deci, 2000), particularly in group contexts (Greenaway, Cruwys, Haslam, & Jetten, 2016). Achieving and pursuing these goals is said to be inherently satisfying and consequently positively related to well-being, as well as other important outcomes such as self-esteem and interpersonal connectedness (Deci & Ryan, 2008).
The Current Study

The current study was conducted among residents of a crisis homeless accommodation service. We experimentally manipulated the salience of homeless category membership by asking participants about their current homeless status and living arrangements either at the start of the questionnaire, or at the end. In doing so, in the former (but not in the latter) condition, participants were required to categorize themselves as homeless and as living in a homeless accommodation service before answering questions about their self-perceptions, beliefs, and well-being. In comparison, those who completed the homeless item at the end of the questionnaire did not have their housing status made salient while completing other measures of self-perceptions and beliefs. To summarise our predictions described above, we examined support for three hypotheses:

H1: Perceived competence ratings will be lower in the ‘homeless’ categorization compared to the no categorisation condition.

H2: Perceived future life aspirations will be lower in the ‘homeless’ categorization compared to the no categorisation condition.

H3a: Self-stereotyping as competent and future life aspirations will both independently predict mental well-being.

H3b: There will be an indirect effect of manipulated ‘homeless’ categorization on mental well-being through self-stereotyping as competent and future life aspirations.

Method

Participants

Participants were residents of a homeless accommodation service in South-East Queensland. The service provides crisis accommodation (three-month duration of stay) for people experiencing homelessness or those at risk of becoming homeless. In total, 80 participants were recruited, and data from 64 were retained for analyses: 5 participants were excluded due to missing data on key variables, 8 were excluded for not responding to the manipulation (i.e. for reporting “Not Homeless” on the form, or leaving the section blank), 2 were excluded due to incorrect completion of the questionnaire, and 1 was excluded due to complications that occurred during the experiment. The final sample (50 males, 14 females) ranged in age from 20 to 63 years old ($M = 38.85, SD = 9.80$). Seventy percent were single and 89% were financially supported by Centrelink. Demographics and prior homeless experiences of participants by condition are presented in Table 5.1. There were no significant differences between the two conditions on demographics or prior homeless experiences.
Design/Manipulation

Self-categorization as homeless was manipulated between participants. Participants in the homeless categorisation condition filled out a questionnaire where the background information section was situated at the beginning of the questionnaire. Here participants were required to tick a box indicating either “Yes” or “No” to the question “Are you currently homeless”. Next, participants were required to state where they were currently living (all participants were living at a homeless accommodation service), the total length of time spent homeless, their age at which they were first homeless, and the reason for their current homeless episode. The demographics page also asked for participants’ age, gender, relationship status, and main income source. Participants in the no categorisation control condition were asked to complete this section at the end of the survey.

Procedure

Participants were recruited on-site at the homeless accommodation service and asked if they would like to participate in a study of “how you see yourself” by researchers from the university. After providing information about the broad aims and requirements of the study, informed consent was obtained (both verbally and in writing). Participants were then randomly assigned to complete a questionnaire that had either the background information at the start of the questionnaire or at the end. On completion, participants were given a $10AUD Coles/Myer voucher for participating.

Materials

Self-stereotypes. To examine participants’ level of self-stereotyping, a measure was adapted from the Stereotype Content Measure of Fiske et al. (2002). Participants were asked to respond to the question “How typical of you are the following traits” on a scale from 1 Not at all me to 7 Very much me. Five items assessed competence (competent, skilled, confident, intelligent, and capable; Cronbach’s alpha = .73), and 4 items measured warmth (warm, friendly, good-natured, trustworthy; Cronbach’s alpha = .61). In addition, on a scale from 1 Not at all me to 7 Very much me, we asked participants how typical specific homeless stereotypes were of them (helpless, irresponsible, dangerous, disadvantaged, carefree, lazy). A factor analysis revealed, as expected, that warmth and competence traits loaded onto two factors, but “homeless” stereotypes did not consistently load onto a single factor. Because factor analysis did not reveal a clear factor structure and because the reliability of the items
was rather poor (Cronbach’s alpha = .51), we analysed each descriptor for homeless stereotypes individually.

**Future life aspirations.** A 27-item version of the Kasser Aspiration Index was used to examine future life aspirations (Grouzet et al., 2005; Kasser & Ryan, 1996). We examined six domains of aspirations: financial success (4 items), e.g. *I will have expensive possessions*; self-acceptance (7 items), e.g. *I will choose what I do instead of being pushed along by life*; affiliation (5 items), e.g. *I will feel that there are people who really love me*; community (3 items), e.g. *I will assist people who need it, asking nothing in return*; health (4 items), e.g. *I will be in good physical shape*; and safety (4 items), e.g., *I will feel safe and secure*. For each individual item, participants were asked to rate how important each aspiration was from 1 *Not at all* to 9 *Extremely* and what their perceived chances of obtaining the aspiration was from 1 *Very low* to 9 *Very high*. Items were averaged to form an overall score of aspiration importance (Cronbach’s alpha = .92), and aspiration chances (Cronbach’s alpha = .93). In addition to total score of aspirations, we also averaged the items for self-acceptance, affiliation and community to create a scale of intrinsic aspirations importance (Cronbach’s alpha = .89) and chances (Cronbach’s alpha = .92) and averaged the items of financial success to measure extrinsic aspirations importance (Cronbach’s alpha = .86) and chances (Cronbach’s alpha = .71).

**Well-being.** The Warwick-Edinburgh Mental Well-being Scale (Tennant et al., 2007) was included to measure participants’ mental well-being. The scale comprises 14 positively worded items, (e.g. *I’ve been feeling good about myself*) relating only to positive attributes of mental health (responses are recorded on a 5-point Likert scale from 1 *None of the time* to 5 *All of the time*). Total scores ranged from 14 to 70 with higher scores indicating positive psychological well-being. This scale’s internal reliability was good (Cronbach’s alpha = .91) and has been found to have good psychometrics, relating strongly to mental health outcomes (Tennant et al., 2007).

**Results**

To determine whether self-categorization as homeless related to self-stereotyping and future life aspiration importance and chances, a series of one-way independent-groups ANCOVAs were conducted. To avoid any sample confounds, age and gender were included as covariates in all analyses. The means and standard deviations of the variables for the two conditions are

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3 First time homeless, number and length of homeless episodes were also separately examined as a covariate. Although there were significant associations between history of homelessness and stereotypes and future life aspirations, adding these variables as covariates did not change the pattern of results. As there are likely large
presented in Table 5.2. Preliminary analyses were run to check the data for the assumptions of the tests, and outliers were censored. There were no significant differences between the two conditions on any of the measured demographic variables.

**Table 5.1.**
*Demographic variable frequencies and means and standard deviations by self-categorization condition.*

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Control</th>
<th>Homeless Categorisation</th>
<th>Test</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 33</td>
<td>n = 31</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>M 39.09 SD 9.87</td>
<td>M 38.81 SD 9.59</td>
<td>t 0.12</td>
<td>.907</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>N 28 % 85%</td>
<td>N 22 % 71%</td>
<td>X² 1.80</td>
<td>.179</td>
</tr>
<tr>
<td>Female</td>
<td>5 15%</td>
<td>9 29%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welfare as main income source</td>
<td>29 88%</td>
<td>30 97%</td>
<td>t 1.76</td>
<td>.185</td>
</tr>
<tr>
<td>First time homeless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>14 42%</td>
<td>8 26%</td>
<td>t 1.96</td>
<td>.162</td>
</tr>
<tr>
<td>No</td>
<td>19 58%</td>
<td>23 74%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age First homeless</strong></td>
<td>M 28.48 SD 13.45</td>
<td>M 29.00 SD 14.29</td>
<td>t -0.15</td>
<td>.882</td>
</tr>
<tr>
<td><strong>Number of times homeless</strong></td>
<td>5.56 5.32</td>
<td>7.91 10.32</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Self-stereotyping**

A MANOVA was conducted with the self-stereotyping variables added simultaneously as dependent variables. There was a significant effect of homeless category salience on self-stereotyping, $F (1, 60) = 4.80, p = .032$, Wilk’s $\Lambda = .904$, $\eta^2 = .07$. In particular, participants in the homeless category salience condition rated themselves as significantly less competent $F (1, 60) = 4.04, p = .049$, $\eta^2 = .06$, compared to those in the no categorisation salient condition. There was a marginal effect for warmth, $F (1, 60) = 3.35, p = .072$, $\eta^2 = .05$, with participants in the homeless categorisation condition rating themselves as less warm than those in the no categorisation salient condition. There were no significant differences between the two conditions on any of the items that that assessed endorsement of specific homeless stereotypes (helpless, irresponsible, dangerous, disadvantaged, carefree, lazy; see Table 5.2 for means)

Inaccuracies with these variables as self-report measures (see Chapter 4), we did not include any as covariates in the reported analysis.
Table 5.2. Means and standard deviations of stereotypes, future life aspirations, and well-being by self-categorization condition.

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Homeless Categorization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$n = 33$</td>
<td>$n = 31$</td>
</tr>
<tr>
<td><strong>Stereotypes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competence Scale</td>
<td>5.70 (0.76)</td>
<td>5.14 (1.18)</td>
</tr>
<tr>
<td>Warmth Scale</td>
<td>5.57 (0.95)</td>
<td>5.23 (0.91)</td>
</tr>
<tr>
<td><strong>“Homeless” Items</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helpless</td>
<td>3.12 (1.76)</td>
<td>3.18 (2.04)</td>
</tr>
<tr>
<td>Irresponsible</td>
<td>3.21 (1.97)</td>
<td>3.03 (1.78)</td>
</tr>
<tr>
<td>Dangerous</td>
<td>3.00 (2.05)</td>
<td>2.79 (2.27)</td>
</tr>
<tr>
<td>Disadvantaged</td>
<td>4.33 (2.29)</td>
<td>4.39 (1.97)</td>
</tr>
<tr>
<td>Carefree</td>
<td>5.03 (1.74)</td>
<td>4.55 (2.08)</td>
</tr>
<tr>
<td>Lazy</td>
<td>3.20 (2.16)</td>
<td>3.86 (1.97)</td>
</tr>
<tr>
<td><strong>Importance of Future life aspirations Importance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>6.81 (1.11)</td>
<td>6.61 (1.49)</td>
</tr>
<tr>
<td>Intrinsic</td>
<td>5.73 (2.31)</td>
<td>5.01 (2.21)</td>
</tr>
<tr>
<td>Extrinsic</td>
<td>7.10 (1.17)</td>
<td>6.69 (1.66)</td>
</tr>
<tr>
<td><strong>Chances of Future life aspirations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Chances</td>
<td>6.38 (1.34)</td>
<td>5.75 (1.46)</td>
</tr>
<tr>
<td>Intrinsic</td>
<td>5.42 (2.27)</td>
<td>4.81 (1.92)</td>
</tr>
<tr>
<td>Extrinsic</td>
<td>6.67 (1.43)</td>
<td>5.83 (1.65)</td>
</tr>
<tr>
<td><strong>Well-being</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warwick-Edinburgh Mental Well-being Scale</td>
<td>45.99 (12.14)</td>
<td>42.21 (10.70)</td>
</tr>
</tbody>
</table>

**Future life aspirations**

Overall, there was a non-significant marginal effect of homeless category salience on future life aspirations, $F(2, 59) = 2.88, p = .064$; Wilk's $\Lambda = 0.91, \eta^2 = .09$. As predicted, there was a significant effect of homeless category salience on chances of achieving future life aspirations ($F(1, 60) = 5.87, p = .018, \eta^2 = .09$) but not on importance of future life aspirations ($F(1, 60) = 1.63, p = .206, \eta^2 = .03$). Ratings of perceived chances of achieving aspirations was significantly lower in the homeless category membership salience condition compared to the no categorisation salient condition. In particular, chances of achieving intrinsic aspirations (aspirations of self-affirmation, community, and affiliation) was significantly lower for those in the homeless category salient condition compared to the no categorisation salient condition,
$F(1, 60) = 7.93, p = .007, \eta^2 = .12)$. Perceived chances of achieving extrinsic aspirations and importance of extrinsic aspirations did not differ between the two conditions.

**Well-being**

There were no significant direct effects of the homeless category salience manipulation on mental well-being $F(1, 60) = 1.97, p = .165, \eta^2 = .03$.

**Mediation Analyses**

To understand the path through which category salience becomes consequential for self and well-being, we investigated a mediation model. We examined category condition (no categorization condition = 0, Homeless categorization = 1) as the independent variable, intrinsic aspirations chances and competence ratings as parallel mediators, and mental well-being. The mediation analyses were conducted based on 5000 bootstrapped samples using bias-corrected and accelerated 95% confidence intervals, using PROCESS macro for SPSS 20 (Hayes, 2013). All reported coefficients are unstandardized, as per recommendations (Hayes, 2013). Zero-order correlations are reported in Table 5.3.

### Table 5.3.

*Zero order correlations between stereotypes, aspirations, and well-being (N = 64).*

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>.06</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competence Stereotype</td>
<td>.13</td>
<td>-.16</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warmth Stereotype</td>
<td>-.09</td>
<td>.23</td>
<td>.15</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extrinsic Importance</td>
<td>-.23</td>
<td>.21</td>
<td>.23</td>
<td>.06</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extrinsic Chances</td>
<td>-.16</td>
<td>.16</td>
<td>.17</td>
<td>.10</td>
<td>.62</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intrinsic Importance</td>
<td>-.18</td>
<td>.30</td>
<td>.10</td>
<td>.43</td>
<td>.37</td>
<td>.30</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Intrinsic Chances</td>
<td>-.13</td>
<td>.08</td>
<td>.14</td>
<td>.43</td>
<td>.18</td>
<td>.47</td>
<td>.75</td>
<td>1.00</td>
</tr>
<tr>
<td>WEMWBS</td>
<td>-.06</td>
<td>.08</td>
<td>.37</td>
<td>.27</td>
<td>.26</td>
<td>.49</td>
<td>.22</td>
<td>.50</td>
</tr>
</tbody>
</table>

WEMWBS - Warwick-Edinburgh Mental Well-being Scale

\* $p < .05$, ** $p < .01$, *** $p < .001$

Gender: 0 = Male, 1 = Female

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4 Mediation analyses were also conducted with serial mediations, and reverse mediations (well-being predicting aspirations and competence ratings) to rule out alternative explanations. None of these indirect effects were significant, and thus are not reported here.
Manipulation to Mediator pathways. Consistent with the previously reported findings, categorization condition significantly predicted both perceived chances of reaching intrinsic aspirations ($b = -0.81, SE = 0.71, CI = -1.48 \text{ to } -0.14, t = -2.42, p = .018$) and competence ratings ($b = -0.39, SE = 0.18, CI = -0.75 \text{ to } -0.03, t = -2.19, p = .032$).

Well-being. In accordance with our predictions, perceived intrinsic aspiration chances significantly predicted well-being ($b = 4.70, SE = 0.90, t = 5.21, p < .000, CI = 2.89 \text{ to } 6.50$) as did competence ratings ($b = 4.30, SE = 1.70, t = 2.53, p = .014, CI = .90 \text{ to } 7.70$). As predicted, there was a significant indirect effect of the category manipulation on well-being through both the mediators; perceived intrinsic aspiration chances $b = -3.81, BSE = 2.13, BCI = -8.16 \text{ to } -0.48$ and competence $b = -1.68, BSE = 1.32, BCI = -5.73 \text{ to } -0.02$. After controlling for the indirect effect, the direct effect of the categorization manipulation on well-being was not significant, $b = 1.36, SE = 2.44, t = 0.56, p = .58, CI = -3.53 \text{ to } 6.25$. The total model accounted for 24% of the variance in well-being, $R^2 = .24, f^2 = .308, p < .001$. The full mediation model is presented in Figure 5.1.

Figure 5.1. Mediated model of the relationship between categorisation as homeless and mental well-being, via self-perceptions of competence and chances of achieving future intrinsic aspiration.
Discussion

The aim of the current study was to experimentally investigate the effects of requiring people to categorize as homeless in a sample of residents of a homeless crisis accommodation service. As predicted, participants who were primed to categorize as homeless rated themselves significantly lower on competence traits compared to participants in the control condition. There was a similar trend for warmth, with participants in the categorization condition reporting lower levels of warmth, but this difference did not reach acceptable levels of significance. This pattern of results matches social identity and stereotype threat findings suggesting that the impact of stereotypes occurs on contextually relevant dimensions (Ellemers, 1993; Haslam & Turner, 1992).

We also did not find any differences between the conditions on the specific “homeless” stereotype trait items. This null effect may have been due to the explicit nature of the traits. Past research has suggested that when stereotypes are explicit, people may have stereotype reactance and actively behave in a way that does not conform to the stereotype (e.g. Kray, Thompson, & Galinsky, 2001). Additionally, people may view such traits as being not relevant for “sheltered” homeless, as the stereotypes refer to other forms of homelessness such as those sleeping rough (Walter et al., 2015).

Our prediction that future life aspirations would be affected by homeless categorization was also supported. Specifically, perceived chances of achieving intrinsic (but not extrinsic) future life aspirations were significantly lower for participants in the categorization condition, compared to the control condition. However, there was no difference between conditions on the importance of these aspirations. That is, after self-categorizing as homeless, goals were seen as equally important but less likely to be achieved. This again matches the theorizing that on domains and situations relevant to the category of homelessness, people’s self-perceptions are likely to be influenced by the content of what it means to be a “homeless person”. The results of the current study suggest that one way this may manifest itself is through the construction of a “homeless person” as someone who is unlikely to attain self-acceptance, community bonding, and affiliation with others. In the long term this may compound social isolation and reinforce negative self-beliefs (Kasser & Ryan, 1996). These results are consistent with the broader literature on poverty, aspirations, and well-being; specifically the growing body of research that suggests poverty and inequality can lead to expectations of ‘aspiration failure’, defined as failure to aspire to one’s own potential (Bertrand, Mullainathan, & Shafir, 2004; Copestake & Camfield, 2010; Dalton, Ghosal, &
Mani, 2016). This can lead to reduced well-being and some suggest perpetuates the cycle of poverty by becoming a self-fulfilling prophecy (Bertrand et al., 2004; Copestake & Camfield, 2010; Dalton et al., 2016).

Self-stereotyping on competence and intrinsic aspirations were also correlated, with higher levels of competence associated to higher levels of achieving intrinsic aspirations. Both factors significantly independently predicted mental well-being. Further, as predicted, both self-stereotypes and future life aspirations were significant mediators through which self-categorization as homeless was associated with decreased well-being. Specifically, lower ratings on competence and lower perceived chances of attaining intrinsic aspirations both led to lower reported well-being. We did not find, however, that the self-categorization manipulation affected well-being directly. A possible reason for this is that we measured psychological outcomes in a stable way; specifically, we asked participants to look back over the past two weeks to get an accurate measure of current mental well-being. However, this may have limited our ability to detect a direct effect of self-categorization on moment-to-moment changes in emotion, mood, and well-being.

The findings also add to the literature that calls for an agency-based approach to examining how individuals view their homelessness and their use of homeless services (Parsell et al., 2016). For example, Parsell, Tomaszewski, and Phillips (2014) describe how people who are exiting homelessness through a housing intervention explained and framed their agency and housing outcomes in terms of imagined and future aspirations and trajectories and an evaluation of their options and personal circumstances. Our research is congruent with the findings that perceptions of reaching aspirations and perceptions of competency are both important domains that can be framed by the experience of homelessness.

**Implications**

Taken together, the findings highlight ways in which the social context can impact on self-beliefs and well-being by structuring how a person is perceived or labelled, how they see themselves, and what they believe they are capable of (Jetten, Haslam, Pugliese, Tonks, & Haslam, 2010). People who are experiencing homelessness are often positioned with reference to their homelessness – as ‘homeless people’ – and in many cases are required to self-categorize themselves as such on a daily basis. For example, people are required to present as homeless to access specialised homeless services or other welfare services. They
are required to disclose their housing address when stopped by the police and may need to label themselves as homeless to access specific employment, legal, and health services.

Thus the structures in society, even those designed to help people experiencing homelessness, makes being a ‘homeless person’ a pervasive and oftentimes inescapable identity. This may also reinforce homelessness as a separate and socially devalued other – a constant reminder that they are a quintessential example of Goffman’s definition of stigmatised group (1963). Further, because ‘homeless people’ are often seen as responsible for their situation, both people experiencing homelessness and the wider society are more likely to perceive this stigma as legitimate (Johnstone et al., 2015; Parsell & Parsell, 2012). In media, and public discourses, individual deficits and deviant characteristics of homeless people are highlighted at the expense of attention on the structural causes of homelessness (Buck, Toro, & Ramos, 2004; Zufferey & Kerr, 2004).

This study highlights how services and indeed broader social policy can contribute to a person’s negative self-conception by tying their need and use of specific services to stigmatized categories and identities (Taylor, 1998). Further, it suggests that this may impact on areas that are necessary to break out of homelessness, such as having a sense of autonomy, competency, and affiliations with others (Wakefield, Hopkins, & Greenwood, 2013). Our research highlights the need for homelessness services to provide access to support in a way that does not force an all-encompassing homeless identity on the recipient users. A way to address this issue is by policy and service providers taking a strengths-based approach—making services and resources available in a way that focuses on individual need and the strengths and resilience of a person. If policies and services shift away from a treatment model that problematizes and attempts to fix homeless people, to a focus on supporting individual needs or more positive identities, this may reduce the stigma attached to people accessing services designed to address the needs of people experiencing homelessness (Taylor, 1998; Walter et al., 2015).

**Strengths and Limitations**

The main strength of the study is that it is the first to our knowledge to experimentally manipulate homeless category salience. However, the current study only examined how this manipulation affected perceptions (relating to self-beliefs and well-being) not behaviours. Examining if self-categorization influenced behavioural responses, such as engagement with services or social behaviour, would be an interesting and informative line of research for further studies (Haslam, 2004; Wakefield et al., 2013).
A design limitation of the study is that the independent variable, homelessness category salience, may have been directly impacted on by participation in the study. That is, taking part in a study conducted by a university researcher conducted in a homeless service enhanced the likelihood that homeless group membership was salient in both the homeless salience as well as the no categorisation salience condition. Thus, participants in the control condition may still have had their homeless identity made salient to them as they were completing the questionnaire. This may explain the absence of significant effects on some key measures. However, this does not challenge the main conclusions of the research. Rather, this suggests that our study was a conservative test of predictions and effects of homeless self-categorization were demonstrated despite the weak manipulation of the salience of homeless status.

Another limitation is that we did not look at whether the homeless category was internalised into a participant’s self-concept. For example, previous research in the stereotype threat literature suggests the negative impact of stereotypes can be greater if one strongly identifies with the group (e.g. Schmader, 2002). Additionally, the research on self-stigma suggests that internalising the negative stereotypes can lead to poorer mental health, health-harming behaviours, and reduced help-seeking (Link & Phelan, 2001; Major & O'Brien, 2005). Accordingly, an interesting direction for future research would be to assess whether internalisation affects outcomes of self-categorizations.

An additional limitation of the current study was that the questionnaire may have made group memberships other than homelessness salient. Consequently, we cannot definitively know if the effects observed in the current study were due solely to salience of the homeless category. For example, in gathering background information we asked both groups about gender and participants’ main income source. Future research should investigate if there are additional or differential effects of the homeless label compared to the poor or gender label.

Finally, a lack of power limited the complexity of models that could be tested in the current study. Due to the small sample size and small number of females, we chose not to look at interactions based on gender. There was, however, sufficient power to examine the main effect model of our key predictions, and we used a bootstrapping method to estimate confidence intervals for indirect effects, to improve some of the issues associated with small samples, as bootstrapping provides higher power and coverage probability in small samples (Cheung, 2007; Fritz & MacKinnon, 2007).
Conclusion

People experiencing homelessness, like all people, have a range of social identities that constitute the self and inform how a person sees themselves. However, the social context shapes and limits how a person can manage their identities and how an identity – particularly a stigmatised identity – will influence a person’s self-perceptions, beliefs, and actions. In today’s society, individuals will find themselves defined as individuals by the structural positions of their group. In the case of people who are categorized as homeless, this imposes psychosocial challenges. Homeless is a label that carries negative stereotypes and this has implications – both for how an individual is perceived and treated by others, and for how they see themselves. A participant in a prior study summarised it best:

“[The] Homeless can be put like in a category. All the people that are homeless are individuals as well. They’re not that category, they’re people too.”
Chapter 6

Overview

As outlined in the previous chapters, people who experience homelessness face many challenges that negatively impact health and well-being. Further, people who are homeless often have limited social connections and support, which are compounded by the experience of homelessness itself. Building on previous research that has shown the beneficial effect of group identification on health and well-being, the current chapter explores the effects of two social identity processes — multiple group memberships and service identification — on well-being and positive housing outcomes. Measures were collected from 76 participants while they were residing in a homeless accommodation service (T1) and again 2 – 4 weeks after leaving the service (or three months after T1 if participants had not left the service). Mediation analyses revealed that multiple group memberships and service identification at T1 independently predicted well-being at T2 indirectly, via social support. Further, both social identity processes also indirectly predicted housing outcomes via social support.

The implications of these findings are twofold. First, while belonging to multiple social groups may provide a pathway to gaining social support and well-being, group belonging may not necessarily be beneficial to achieve stable housing. Second, fostering identification with homeless services may be particularly important as a source of support that contributes to well-being. This chapter comprises of a paper that has been published in the British Journal of Social Psychology, and is presented here in its published form.
Two pathways through adversity: Predicting well-being and housing outcomes among homeless service users

Building on the voluminous literature demonstrating the disproportionate rates of health and social problems experienced by a diverse range of homeless populations (Busch-Geertsema et al., 2010; Edgar et al., 2000; Fitzpatrick et al., 2012; Johnson et al., 2008; Piteace, 1998), policy makers and scholars have increasingly examined the social networks of people experiencing homelessness. At first glance, it appears that there is little reason to be optimistic. For instance, several studies have shown that the social networks of people experiencing homelessness are characterised by weaker ties, with fewer resources, and lower levels of trust and reciprocity within them (Eyrich, Pollio, & North, 2003; Fischer, Shapiro, Breakey, Anthony, & Kramer, 1986; Fitzpatrick, Irwin, LaGory, & Ritchey, 2007; Goodman, 1991; Hawkins & Abrams, 2007; Solarz & Bogat, 1990). Additionally, entry into homelessness can place people at risk of losing the social connections they have (Hawkins & Abrams, 2007; Shier et al., 2011) and the general lack of bridging capital among those who are homeless limits opportunities for joining new and well resourced groups (Cattell, 2001). Further, people who become homeless often have economic, social, and individual problems and needs that both predate and are exacerbated by the experience of homelessness (Busch-Geertsema et al., 2010).

In sum, even though many people who are homeless require high levels of support to deal with the complex problems they are facing, there are extensive barriers to the ability of these individuals to access effective and useful social support (Irwin, LaGory, Ritchey, & Fitzpatrick, 2008; Johnson et al., 2008; La Gory, Ritchey, & Fitzpatrick, 1991). In the current study, we examined social connectedness among people experiencing homelessness from a social identity perspective, and consider the role that group membership and group identification plays in predicting social support, well-being, and housing outcomes. In particular, we focus on two forms of social identification that should be important in predicting these outcomes: identification with the homeless service and the number of important group memberships (i.e., multiple group memberships).

The importance of group membership for health and well-being

The lack of social support and social connectedness among people who are homeless is particularly disconcerting because there is now a wealth of empirical research that has established the positive effect of social connectedness and social support on health and well-being. For example, people who are better socially connected are more likely to be buffered
from the negative consequences of stress and trauma on mental health, morbidity, and mortality (Cohen, 2004; Ertel, Glymour, & Berkman, 2009; Holt-Lunstad, Smith, & Layton, 2010; House, Landis, & Umberson, 1988; Thoits, 1995, 2011; Umberson & Montez, 2010). To understand these findings, it is instructive to engage with recent social identity theorising on the role of group identification to explain beneficial well-being outcomes (Jetten et al., 2012; Jetten et al., 2014). Focusing particularly on social connections that lead to a sense of shared social identity with others, it has been argued that membership in social groups is associated with psychological resources — groups provide their members with various forms of resources, as well as a sense of meaning, purpose, and belonging. When individuals identify with groups – that is, when groups become a psychologically meaningful basis for defining the self – these resources are unlocked, allowing group members to benefit from the group’s resources and this accounts for the positive effect of group membership on health and well-being (Cruwys, Haslam, Dingle, Haslam, & Jetten, 2014; Jetten et al., 2014). Thus, the social identity approach emphasises the subjective sense of a shared identity, rather than the frequency of interpersonal contact or liking as a predictor for well-being. In particular, there is a large body of evidence suggesting that social identity can provide a basis for individuals to receive and benefit from social support (see Haslam, 2004; Haslam, Reicher, & Levine, 2012). Specifically, people are more willing to give support to others with whom they share group membership, and having a shared identity can provide a basis for interpreting support behaviours of others in more positive and constructive ways (Haslam, 2004; Taylor, 2007).

Consistent with this, experimental manipulations that increase perceived shared group membership have been shown to promote trust (Foddy, Platow, & Yamagishi, 2009) and increase helping behaviour and the provision of social support (Levine, Prosser, Evans, & Reicher, 2005). It has also been found that social support mediates the relationship between identification and lower workplace stress and higher satisfaction (Haslam, O'Brien, Jetten, Vormedal, & Penna, 2005) and that supportive actions buffered against stress when the provider and recipient of social support shared a social identity (Haslam, Jetten, O'Brien, & Jacobs, 2004). Further support for these predictions derived from the social identity approach have been obtained in a wide range of populations, from employees in organisations, university students, community samples, to medical samples (Bizumic, Reynolds, Turner, Bromhead, & Subasic, 2009; Brook, Garcia, & Fleming, 2008; C. Haslam et al., 2008; Haslam et al., 2005; Iyer, Jetten, Tsivrikos, Postmes, & Haslam, 2009; Jones & Jetten, 2011; Jones et al., 2012). In addition, there is growing evidence that group membership can promote adjustment, coping, and well-being in vulnerable populations (Jetten et al., 2014). This
research has found that social identities and group membership can improve well-being and slow down cognitive decline in older adults (Gleibs et al., 2011; C. Haslam et al., 2014), reduce symptoms and recidivism of (Cruwys et al., 2013; Cruwys, Haslam, Dingle, Haslam, et al., 2014), and increase well-being in people with chronic mental health and substance abuse problems (Best et al., 2014; Dingle, Brander, Ballantyne, & Baker, 2013; Dingle, Cruwys, Jetten, Johnstone, & Walter, 2014).

If groups are a psychological resource, it follows that belonging to many social groups will lead individuals to have multiple sources of psychological support to fall back on (see Brook et al., 2008; Cruwys et al., 2013; C. Haslam et al., 2008; Iyer et al., 2009). As such, every additional important group membership that is added should incrementally increase perceived social support and subsequent well-being. There is a growing evidence base for a ‘the more the merrier’ hypothesis of multiple group memberships (Iyer et al., 2009; Jetten et al., 2015). In particular, the importance of multiple group memberships for health and well-being during periods of stress and transition has been examined across a range of situations, from students transitioning into university (Iyer et al., 2009), adults recovering from a stroke (C. Haslam et al., 2008) or brain injury (Jones et al., 2012), and transitions into older adulthood (Cruwys et al., 2013). Further, the link between multiple group memberships and resilience has been found experimentally, whereby making salient a greater number of group memberships led to greater endurance on a physical challenge (Jones & Jetten, 2011).

Social connectedness among people who are homeless

While these results are promising, some studies have failed to find support for the positive relationship between social connectedness and health and well-being (see Schwarzer & Leppin, 1991 for a review; also Rook, 1984). Limited or even detrimental effects of social connectedness are evident when contact with others is a source of conflict, stress, and strain (Cohen, 2004; Finch, Okun, Pool, & Ruehlman, 1999; Rook, 1984), or when the receipt of support is a threat to the self (Bolger & Amarel, 2007; Song & Chen, 2014).

These constraining factors are most likely to be present among individuals who face significant challenges and vulnerabilities — such as the severe disadvantage and stigmatisation encountered by many people experiencing homelessness. Despite a growing recognition that groups play an important role in providing individuals with social support when they face stress, isolation, discrimination and stigma, limited consideration has been given to whether these individuals draw upon group membership to protect the self (for notable exceptions see Best et al., 2014; Dingle, et al., 2014; Jetten et al., 2015). This state of affairs is at odds with the needs of those who face multiple disadvantages: it is in particular
individuals who face daily stressors who are most in need of resources such as social connectedness and social support to protect their health and well-being. It is not only for practical reasons, but also for theoretical reasons that it is important to examine whether group belonging is also an important resource among such vulnerable samples. Therefore, and to extend the knowledge base, the current research examines the relationship between social connectedness and social support on health and well-being among some of the most disadvantaged in society: people experiencing homelessness.

Although there has been limited examination of the role of identification and belonging to multiple social groups in people who are homeless, the body of work examining the effects of social relationships and support in this population shows some promising results that are largely consistent with the above reasoning. For instance, it has been found that homeless individuals with higher levels of positive social support have better mental and physical health and lower rates of victimization (Bates & Toro, 1999; Hwang, Tolomiczenko, Kouyoumdjian, & Garner, 2005; Schutt, Meschede, & Rierdan, 1994). Further, having supportive relationships and social connections is associated with shorter durations of homelessness and longer periods of stable housing (Calsyn & Winter, 2002; Orwin et al., 2005). Moreover, qualitative interviews with formerly homeless individuals reveal that supportive relationships can be an important factor in allowing individuals to break the cycle of homelessness (Thompson, Pollio, Eyrich, Bradbury, & North, 2004).

However, despite a number of studies suggesting that social support and connectedness may be associated with positive well-being and housing outcomes among people experiencing homelessness, other research cautions against overly optimistic expectations and suggest that these relationships are anything but straightforward. As a first caveat, it should be kept in mind that residing in homeless accommodation can lead to the development of weak social connections (Eyrich et al., 2003; Irwin et al., 2008) and it has been suggested that ties developed while homeless may lead to adapting to homelessness as a way of life and consequently encumber efforts to break the cycle of homelessness (Auerswald & Eyre, 2002; Grigsby, Baumann, Gregorich, & Roberts-Gray, 1990; Hawkins & Abrams, 2007; Piliavin et al., 1993). Drawing on ethnographic research, Snow and Anderson (1987) found that the social connections that people formed on the streets provided practical and emotional resources, but the same relationships undermined people’s efforts and capacities to exit homelessness.

A second caveat may be that even though people who are homeless may belong to many social groups that provide positive social support, they are also more likely than non-
homeless individuals to belong to groups that are associated with histories of violence, abuse and substance use, which produce negative social capital or negative support (Savage & Russell, 2005). Drug using or criminal social connections enhance the risk for relapse into drug abuse and recidivism (Chamberlain & Johnson, 2011; Dingle, Stark, Cruwys, & Best, 2014; Johnson et al., 2008). Consequently, belonging to groups may be related to behaviours that negatively impact well-being and other outcomes such as the ability to maintain stable housing.

**Connecting and identifying with service providers**

In addition to informal social networks, people who are homeless may also receive social support from more formal support systems that they identify with, such as homeless services. Specifically, homeless services provide support and opportunities that target the experience of homelessness in ways that a person’s informal social network may not be able to do, such as by providing accommodation, material resources, employment services, case-management services, or referral services (Carton, Young, & Kelly, 2010; Shier et al., 2011). The importance of having a shared social identity within a formal support system has received a considerable amount of research attention over the last few years, with research being conducted in clinical group interventions (e.g. Cruwys et al., 2015; McNamara & Parsons, 2016), within socio-economically disadvantaged communities (McNamara, Stevenson, & Muldoon, 2013; Stevenson, McNamara, & Muldoon, 2014) and homeless services (Christian, Clapham, & Abrams, 2011).

Based on the reasoning that group memberships provide us with a shared understanding of expectations and allows for mutual trust, respect, and cooperation in a group (Haslam et al., 2012), we predict that if a person identifies with services that they access, they may perceive those services as providing support that is self-relevant, make use of the support provided, as well as have more positive engagements with others (Christian & Abrams, 2003; Christian, Clapham, & Abrams, 2011). Critically, this should buffer well-being against the stress and uncertainty of a period of housing instability, with the potential to lead to improved long term well-being and housing outcomes.

**The Present Research**

We conducted a study to understand long-term well-being and housing outcomes among people experiencing homelessness. We focused on two social identity pathways that are relevant to understanding the role of social connections and social support: the extent to which individuals belong to multiple social groups in and outside of the service and identification with the homeless accommodation service that they resided in. We
hypothesised that multiple group memberships and service identification provide individuals with a perceived sense of support – a psychological resource to draw from even if the individual is no longer residing in homeless service. In turn, enhanced perceptions of social support should enhance well-being.

Examining these pathways across two time-points allowed us to examine more specifically whether the benefits of increasing social connectedness that occur while residing at a homeless service produce longer term beneficial effects — potentially even helping individuals transition out of homelessness. We tested support for a mediation model, whereby multiple group memberships and service identification both independently predicted social support. In turn, social support was predicted to be positively associated with well-being and housing outcomes (i.e. social support should mediate a relationship between the two social identity factors and well-being and housing outcomes, see Figure 6.1).

**Figure 6.1.** Hypothesised mediation model examining the relationship between service identification Time 1 (IV1), multiple groups Time 1 (IV2), perceived social support Time 2 (Mediator) and well-being and housing outcomes at Time 2 (DV).

**Method**

**Participants**

In total, 119 participants were recruited from six different Salvation Army residences across South-East Queensland. The services provided either crisis accommodation (three months duration of stay) or transitional accommodation (12 months duration of stay). Recruitment involved researchers attending house meetings at each service, describing the

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5 This is the same sample reported in Chapter 4, page 28.
research, and inviting clients of the service to participate. Interested potential participants were then scheduled for an interview with a researcher. Participants were contacted for a second interview, either approximately two to four weeks after leaving the service, or after three months from the initial interview (if participants had not yet exited the service after three months), with a range of approximately 4 weeks to 15 weeks post Time 1. Participants were compensated $AU20 for each interview session.

Seventy-six participants completed the second time-point (attrition rate of 37%; 9 participants withdrew after Time 1, 32 could not be contacted, and 2 were deceased). Analyses revealed no significant differences between Time 1 measures when comparing participants who continued to participate and participants who did not participate at Time 2. The final sample consisted of 45 females and 31 males, whose ages ranged from 19 to 56 ($M = 34.36$, $SD = 9.99$). At the initial interview, the average number of weeks at the service was 7.52 ($SD = 8.49$, range of 1 to 35). At Time 2, 54% were categorized as no longer homeless, 46% were homeless. Twelve percent of the sample were still residing in the original accommodation service at Time 2.

**Procedure**

The Time 1 measures were completed at the service where the participants were residing and participation took approximately an hour to complete. After providing information about the purpose of the study, consent was obtained (both verbally and in writing) and participants completed a semi-structured interview (these data will not be reported here) and a questionnaire. Time 2 data were collected either in a quiet public place, or in the residence of the participant. The procedure was the same as at Time 1.

**Measures**

**Multiple Group Membership.** We assessed the extent to which participants perceived they belonged to multiple social groups at Time 1 and Time 2 using a two-item measure (Jetten, et al., 2010); “Since coming to <name of accommodation service> I am a member of lots of difference social groups and “Since coming to <name of accommodation service> I have friends who are in lots of difference groups”. Responses were recorded on a 7-point scale from 1 (*do not agree at all*) to 7 (*agree completely*) and the correlation between the items was satisfactory, $r = .66$, $p < .001$. This measure has been used in previous research and has been found to correlate with other measures of multiple group memberships (e.g. C. Haslam et al., 2008; Jetten et al., 2015).

**Service Identification.** A widely used four-item measure adapted from Doosje, Ellemers, and Spears (1995), was used to measure identification with the homeless
accommodation service that participants were residing in at Time 1. In the current study, participants substituted the name of the relevant accommodation service into the question wording. Participants answered the questions “I see myself as a member of <name of accommodation service>” “I am pleased to be a member of <name of accommodation service>”, “I feel strong ties with member of <name of accommodation service>”, and “I identify with other members of <name of accommodation service>”, on a 7-point scale from 1 (do not agree at all) to 7 (agree completely). The reliability of the scale was good and items were averaged (Cronbach’s alpha = .87).

Social Support. A widely used four-item measure adapted from Haslam, O’Brien, Jetten, Vormedal, and Penna (2005) was used to assess perceived social support at Time 1 and Time 2. The measure was designed to assess four aspects of social support: emotional support, companionship, instrumental support, and informational support (House, 1981). Participants were asked to indicate their agreement with the items: “I get the emotional support I need from other people”, “I get the help I need from other people”, “I get the resources I need from other people”, and “I get the advice I need from other people”. Responses were recorded on a 7-point scale ranging from 1 (do not agree at all) to 7 (agree completely), and the four items were averaged, Cronbach’s alpha = .92.

Well-being. The Personal Wellbeing Index-Adult (PWI; International Wellbeing Group, 2006) was used to measure personal well-being at both time-points. The 8-item measure examines satisfaction with eight domains of life: standard of living, health, current life achievements, personal relationships, safety, community involvement, future security, and spirituality. For example, one item is “How satisfied are you with your standard of living?” Responses were recorded on an 11-point scale from 0 (completely dissatisfied) to 10 (completely satisfied). The eight items of the scale were averaged (Cronbach’s alpha = .83).

Housing Outcomes. Housing status at Time 2 was coded as a dichotomous measure of 1 = homeless and 0 = not homeless. Homeless status was determined from interview questions asking participants where they were currently living, including descriptions of what type of place/dwelling they were residing in, if they had stability or tenancy, and how long they had been residing at their current location. Responses were coded using the Australian Bureau of Statistics (ABS; 2012b) statistical definition. A person is considered homeless if they are residing in a dwelling that is inadequate, when they do not have stable tenure, or do not have control over or full access to space for social relations. Additionally, individuals must lack access to financial, physical, psychological, and personal means to access suitable
alternative accommodation. Two coders rated housing status and disagreement between coders was resolved through discussion.

**Analytic Strategy**

We sought to investigate a mediation model, where we examined if multiple group memberships and service identification at Time 1 both independently predict social support at Time 2, and whether social support, in turn, is positively associated with well-being and housing outcomes (see Figure 1). Well-being outcome at Time 2 was calculated by regressing well-being at Time 2 on well-being at Time 1 and examining the residuals as the dependent variable. We conducted two mediation analyses, using PROCESS and MEDIATE macros for SPSS 20 (Hayes, 2013). Mediation analyses were based on 5000 bootstrapped samples using bias-corrected and accelerated 95% confidence intervals.

**Results**

Means, standard deviations, and zero-order correlations are displayed in Table 6.1.

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<th>Measure</th>
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<td><strong>Time 1</strong></td>
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<tr>
<td>1 Multiple group memberships</td>
<td>3.55</td>
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<td>1</td>
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<td>2 Service Identification</td>
<td>4.38</td>
<td>1.71</td>
<td>.20</td>
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<tr>
<td>3 Social Support</td>
<td>4.78</td>
<td>1.47</td>
<td>.54***</td>
<td>.47***</td>
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<td>4 Mean of Personal Well-being Index</td>
<td>5.68</td>
<td>1.79</td>
<td>.39**</td>
<td>.37***</td>
<td>.55***</td>
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<td><strong>Time 2</strong></td>
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<tr>
<td>5 Social Support</td>
<td>5.26</td>
<td>1.55</td>
<td>.29*</td>
<td>.38**</td>
<td>.44***</td>
<td>.50***</td>
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<tr>
<td>6 Mean of Personal Well-being Index</td>
<td>5.25</td>
<td>1.89</td>
<td>.20</td>
<td>.27*</td>
<td>.27*</td>
<td>.58***</td>
<td>.57***</td>
<td>1</td>
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<tr>
<td>7 Housing Status - Homeless</td>
<td>35</td>
<td>46.1</td>
<td>.19</td>
<td>-.03</td>
<td>.05</td>
<td>-.06</td>
<td>-.24*</td>
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</table>

Note. Housing Status: 0 = Not homeless, 1 = Not homeless

* *p < .05, **p < .01, *** p < .001

As predicted, service identification at Time 1 (T1) was correlated with perceived social support and well-being at T1 and Time 2 (T2). Similarly, multiple group memberships at T1 was correlated with social support at T1 and T2, and well-being at T1 and T2. There was, however, no correlation between multiple group memberships and service identification. The average response for multiple group memberships was just below the mid-point of the scale.

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6 These data were collected as part of a large longitudinal study examining breaking the cycle of homelessness. Different subsets of these data have been reported by Cruwys, Dingle, Hornsey, Jetten, & Walter, 2014; Jetten et al. 2015; and Johnstone, Jetten, Dingle, Parsell & Walter, 2015.
(M = 3.55, SD = 1.82), indicating that there was a tendency that participants slightly disagreed that they belonged to multiple groups. For service identification, the average response was just above the mid-point of the scale (M = 4.38, SD = 1.71), suggesting participants slightly agreed with feeling a sense of belonging and membership at the homeless accommodation service they were residing in.

Well-being. We assessed whether service identification and multiple group memberships each individually predicted well-being outcomes, via social support at T2. The independent variables (multiple group memberships and service identification) were included simultaneously with the proposed mediator (social support T2) and the outcome variable (well-being at T2, controlling for well-being at T1) so that the effects for each independent variable can be interpreted as controlling for the other variable, see Figure 6.2. Multiple group memberships at T1 was significantly related to social support at T2, β = .22, t(71) = 2.00, p = .050, r² = .05. In accordance with our predictions, there was a significant indirect effect of multiple group memberships at T1 on well-being at T2, via social support (B = .08, BSE = .05, 95% BC confidence interval = .01, .21). After accounting for the indirect effect, there was no direct effect of multiple group memberships on well-being, β = -.11, t(71) = -1.16, p = .255. Service identification significantly predicted perceived social support at T2, β = .34, t(71) = 3.12, p = .003, r² = .11. The mediation model was also significant; service identification had an indirect effect on well-being via perceived social support at T2 (B = .14, BSE = .06, 95% BC confidence interval = .05, .30). The total model accounted for 16% of the variance in well-being at T2, after controlling for well-being at T1, R² = .16, f² = .19.

Note. * p < .05 ** p < .01, *** p < .001

a. This represents well-being at Time 2 after controlling for well-being at Time 1

**Figure 6.2.** Mediation model for service identification, perceived social support, and well-being.
Housing Outcomes. We repeated the process described above with homeless status at T2 entered as the outcome variable. That is, multiple group memberships and service identification at T1 were entered as independent variables, social support at T2 was entered as the proposed mediator, and homeless status at T2 (as a dichotomous outcome; \( I = \text{homeless} \)) was entered as the outcome variable (see Figure 6.3). As before, service identification independently predicted social support at T2 (\( \beta = .35, t(71) = 3.17, p = .002, sr^2 = .12 \)), as did multiple group memberships (\( \beta = .22, t(71) = 2.02, p = .048, sr^2 = .05 \)).

As predicted, there was a significant indirect effect of multiple group membership on housing outcomes via social support, \( B = -.10, B_{SE} = .06, 95\% \text{ BC confidence interval} = -.26, -.01 \). That is, multiple group membership was positively related to social support, which decreased the likelihood of being homeless at T2. Interestingly, there was also a direct effect of multiple group memberships on housing outcomes, but in the opposite direction, \( B = .37, B_{SE} = .16, 95\% \text{ BC confidence interval} = .06, .67 \). This suggests that once the positive effects of multiple group memberships on housing outcomes via social support were accounted for, multiple group memberships was associated with a higher likelihood of being homeless at T2. This unexpected relationship will be discussed in the next section.

There was also a significant indirect pathway through social support, \( B = -.17, B_{SE} = .11, 95\% \text{ BC confidence interval} = -.44, -.03 \), such that higher levels of service identification predicted higher levels of social support, which was associated with a lower likelihood of being homeless at T2. The direct effect of service identification and housing outcomes was non-significant. The total model accounted for 11\% of the variance in well-being at T2, after controlling for well-being at T1, \( R^2_{MF} = .11 \).

Note. *, **, *** \( p < .05, .01, .001 \)

Figure 6.3. Mediation model for service identification, perceived social support, and housing outcomes.
**Power.** We used a Monte Carlo simulation method to estimate power for the mediation models (Zhang, 2014). In our sample, the effect sizes ranged from small (.22) to medium (.34) for the IV to mediator pathway and medium for the mediator to dependent variable pathway. The estimated power for the models ranged from .167 to .380 for detecting small effects, .765 to .953 for medium effects, and the predicted power for the indirect effects were approximately .80. Overall, it is estimated that a sample size of 400 is needed to detect all effects in our model and to achieve sufficient power (.80; Fritz & MacKinnon, 2007).

**Reverse Mediations.** We also examined evidence for reverse mediation. Specifically, we examined models with social support at T1 as the independent variable, service identification and multiple group membership at T1 as the mediators (both as parallel mediators, and as separate paths), and well-being at T2 (controlling for well-being at T1) and housing outcomes as the dependent variable (in separate models). None of these models produced significant indirect effects.

**Discussion**

People experiencing homelessness constitute some of the most disadvantaged and socially excluded in society. Breaking the cycle of homelessness is high on the political agenda and facilitating social inclusion, well-being, and housing stability are key housing policy outcomes (Clapham, 2010). Supportive social connections and positive social support have been highlighted as vital aspects of achieving this (Carton et al., 2010; Duff et al., 2013; Edgar et al., 2000). Applying a social identity perspective, we examined in a sample of homeless accommodation service users whether social identification processes (relating to multiple group membership and service identification) predicted perceived social support, and, in turn, well-being and housing outcomes. We theorised that group memberships and social identification would be an important predictor of social support, as having a shared social identity serves to structure social interactions and the dynamics of the acceptance and provision of social support (Haslam et al., 2004; Haslam et al., 2005). In our study, we found that both multiple group membership and service identification were individually associated with perceived social support, suggesting that the two processes may provide two separate pathways to increasing social support among people who are homeless. The current study also sheds light on the processes underlying the positive correlations between social identity processes and well-being and housing outcomes. Specifically, we found support for our prediction that multiple group memberships and service identification have pathways through social support to positive well-being and housing outcomes. The more people perceived they
belonged to multiple groups while they were in the service, the more perceived social support they subsequently reported, and this was associated with higher reported well-being. Similarly, the more participants identified with the homeless service they were residing in, the more supported they felt, even if they had left the service, and the higher their well-being.

Interestingly, we also found a negative association between multiple group memberships and housing status, such that participants who belonged to multiple groups while in the service were also more likely to be homeless at Time 2, once the positive effects of group belonging and social support were accounted for. Even though this effect was unexpected, the finding is consistent with the “acculturation hypothesis” which suggests that when people remain homeless, they are mainly connected to other people experiencing homelessness (Chamberlain & MacKenzie, 2006; Eyrich et al., 2003; Grigsby et al., 1990; Hawkins & Abrams, 2007). This then leads to a process of adaptation where people are progressively excluded from mainstream networks and become further embedded into homelessness, which further undermines people’s efforts and capacities to exit homelessness (Auerswald & Eyre, 2002; Snow & Anderson, 1987). This highlights the importance of the content of group memberships – we recognise that not all group memberships are going to be beneficial for well-being and other outcomes. For example, among those with a drug or alcohol addiction, peer networks can provide social support but can also encourage engagement in criminal or drug using behaviour. In this way, peer networks can act as a barrier to rehabilitation (Best et al., 2014; Dingle, Stark, et al., 2014).

It is also possible that the negative association is due to a third, unmeasured, variable, or is a spurious relationship. That is, it is possible that the suppression effect is a statistical artefact or a consequence of multicollinearity (Ludlow & Klein, 2014). This should be examined in further research.

**Implications**

The current findings extend the now often observed relationship between group identification and well-being in important ways (for reviews see Cruwys, Haslam, Dingle, Haslam, et al., 2014; Jetten et al., 2012). Showing that group identification and multiple group memberships also form the basis for social support and well-being in a disadvantaged sample is promising for a number of reasons. It suggests, in line with previous observations (Cruwys, Dingle, et al., 2014; Cruwys, Haslam, Dingle, Jetten, et al., 2014; Jetten et al., 2015), that the beneficial effect of group identification appears to be robust and beneficial for a range of groups that vary in the extent to which they face stigma in society. Our results, therefore, have important practical implications. We recommend that it may be worthwhile to promote
practices and activities that enhance a sense of belonging and identification with services because these provide residents with psychological resources to draw on, even after leaving the service. Though we also found that having multiple group memberships since coming to the service has beneficial effects for social support, fostering identification with homeless accommodation services itself may be particularly beneficial because such services are better equipped than more informal network ties to deal with the multiple and complex needs faced during homelessness (Christian & Abrams, 2003; Thompson et al., 2004). Even though these recommendations are relatively obvious to a reader well-versed in the social identity and health literature, it is worth pointing out that these conclusions may challenge beliefs commonly held in the homeless sector. For example, it is often feared that if people develop a sense of belonging within a homeless context, they will become reliant on ‘the system’ and this impedes moving on and breaking the cycle of homelessness.

Notwithstanding these fears, there is also a growing focus in the homeless policy debate on the importance of social connectedness and social support, with social integration being increasingly recognized as a necessary component of housing policy success (Arthurson & Jacobs, 2004; Busch-Geertsema et al., 2010; Edgar et al., 2000). Some policy advocates have even suggested that facilitating access into housing can compound social exclusion if there is a lack of social support or belonging in different domains such as community groups, employment, education, or training (Arthurson & Jacobs, 2004; Duff et al., 2013). This recognition of the importance to couple housing allocation with strategies to promote networks and social relationships is also evident from the recent growth of supportive housing models intended to create communities for people who were formerly homeless (Parsell & Moutou, 2014).

Even though these developments are positive, a cautionary note is required. While engaging people to belong to a broad range and number of social groups may provide an important pathway to gaining social support needed to break the cycle of homelessness, it is vital to be mindful of two caveats. First, it is not easy to join or maintain psychologically important groups, and this may be particularly so for people facing homelessness (Cattell, 2001). Antecedents of homelessness, such as family breakdown, mental illness, substance use, or unemployment, may be barriers to maintaining or joining groups. Furthermore, there is evidence that the perception that people who are homeless as a group face pervasive discrimination prevents and inhibits individuals’ attempts to seek out new group memberships (Johnstone, Jetten, Dingle, Parsell, & Walter, 2015). Second, not all groups may be beneficial for an individual’s health and well-being. For instance, belonging to drug using groups or
identifying with groups engaging in criminal activities may be an impediment to breaking the cycle of homelessness (Dingle, Stark, et al., 2014).

Limitations and Future Research

While the current research contributes to our understanding of social support and homelessness, the study is not without limitations. First, the correlational nature of our data prevents inferring causality. Second, the sample size was small and attrition rates were high. This limited the complexity of the statistical models that could be tested. Despite this, it should be kept in mind that the current study is one of the few quantitative analyses of social support and well-being across time in this hard to reach population. Additionally, using a bootstrapping method to estimate confidence intervals for indirect effects has ameliorated some of the problems associated with small samples, as bootstrapping provides higher power and coverage probability in small samples (Cheung, 2007; Fritz & MacKinnon, 2007). Furthermore, even though power analyses suggest that the study may have been underpowered to detect significant direct effects of service identification and multiple group memberships on social support and well-being, we did have sufficient power to detect mediation (it is estimated that sample size of 400 is needed to have sufficient power to detect all effects in our model, Fritz & MacKinnon, 2007). All of this suggests that larger scale longitudinal studies and intervention studies are needed to further elucidate the causal sequences and the underlying processes.

There are also unresolved theoretical issues that require more attention in future research. The current analyses focused on the mediating role of social support, however, this is just one of many factors that determine health and well-being outcomes. For instance, people may also belong to groups whose norms and values are inconsistent with more positive groups and identities (Iyer et al., 2009). For example, the values and norms associated with being a member of The Salvation Army service may collide with belonging to a friendship group that endorses drinking or drug use. The role of incompatibility between networks among people transitioning out of homelessness should be explored in future research. Furthermore, it would be worthwhile to examine whether the type of groups people belonged to were the same groups across both time-points. It is possible that group memberships changed over time, or that there was a loss of group memberships for participants who left the service. This would also be a fruitful avenue for future research because continuity of identities across time has been found to be an important predictor of health and well-being (C. Haslam et al., 2008).
Conclusion

Despite the many barriers and disadvantages that people who are homeless face, our results suggest that group belonging may engender positive social support while people are transitioning through homelessness and this may have implications for well-being. The study extends the previous literature by examining social identity processes in a sample that faces pervasive social exclusion and disadvantage. Overall, it provides a starting point in understanding the way social identities and groups can play an important role in developing social interventions to help people transitioning through homelessness.

We welcome the growing recognition in the homelessness sector that homelessness is more than just an absence of housing. Indeed, homelessness policies are increasingly recognising the need for strategies that promote positive social connectedness for housing policy to be successful.
Chapter 7

Overview

Homeless accommodation services play a key role in providing support for individuals as they transition through homelessness. The previous chapter reported findings on how identification with homeless services was associated with perceived support, which predicts better well-being and housing outcomes. Other previous chapters (Chapter 4 and 5) theorised that aspects of the homeless service environment may impact on how a person sees themselves in that situation, and that the stigma associated with homelessness may impact on self-perceptions. The aim of the current study was to expand this research by (a) examining the effects of service characteristics on identification with staff and residents in a homeless service (b) examining the effects of perceived discrimination on identification with staff and residents and (c) examining the effects of staff identification versus resident identification on service engagement and joining new groups.

Data from 296 residents across 19 services were examined using multi-level modelling. Identification with staff was higher among participants residing in community and on-site units compared to participants in single room accommodation. Further, participants in on-site units reported significantly higher identification with other residents compared to those in single room and in-community housing. Women in domestic violence refuges also reported significantly higher identification with other residents compared to those in other services. Data from participants 6 months later (n = 91) demonstrated that consequences differed for those who reported high initial staff versus high resident identification. Higher Time 1 staff identification predicted Time 2 service engagement, but not whether people had joined new groups. In contrast, higher Time 1 resident identification predicted joining new groups at Time 2, but not service engagement. The chapter concludes with a discussion of the implications of the research. The current chapter was written as an independent manuscript. This means that the chapter can be read as a stand-alone paper and as such there is considerable overlap with some of the rationale presented in other chapters in this thesis.
A tale of two identities: Exploring the predictors and outcomes of homeless service identification

Homeless accommodation services provide essential and primary frontline responses to homelessness, both nationally and internationally. In the 2014/2015 financial year, Specialist Homeless Accommodation Services provided an estimated 6.6 million nights of accommodation to people experiencing homelessness (Australian Institute of Health and Welfare; AIHW, 2015). People who access homeless services, however, often face challenges that extend beyond basic needs of accommodation and food. In response to this, policy and practice have moved beyond emergency responses to homelessness (i.e. shelter, food, and financial services) towards holistic support aimed at achieving and maintaining stable and secure housing (Australian Government, 2008; Parsell et al., 2013). This approach is underlined by the notion that housing outcomes are entwined with social, health, and well-being, and interventions to break the cycle of homelessness should improve self-reliance and independence, health and well-being, and positive social connections and community engagement (AIHW, 2015; Parsell et al., 2013).

In response to the complexity of homelessness, a diversified and responsive homeless service delivery system has developed both in Australia and internationally (Anderson, 2010; Delany, Fletcher, & Lennox, 1994; Parsell et al., 2013). There is evidence that these programs (that are more sensitive to the full range of factors that affect homeless individuals) are indeed achieving their aims (Black & Gronda, 2011; Zaretzky & Flatau, 2013). For example, longitudinal studies have found that when individuals make use of these support services, they have an increased likelihood of achieving outcomes such as obtaining stable housing, employment, and improvements in self-esteem (Lam & Rosencheck, 1999; Pollio, Thompson, Tobias, Reid, & Spitznagel, 2006; Slesnick, Dashora, Letcher, Erdem, & Serovich, 2009). Client engagement with services has been purported to play a vital role in the overall success of services (Mowbray, Cohen, Bybee, 1993; Park, Elsworth, Dennis et al., 1993).

However, and despite these changes, substantial barriers to accessing and engaging with support services remain (Acosta & Toro, 2000; North, Pollio, Perron, Eyrich, & Spitznagel, 2005; Padgett, Struening, & Andrews, 1990). In addition to the practical and environmental barriers (such as lack of awareness, education, safety issues, transportation issues, financial concerns), psychological factors and perceptions can inhibit accessing and engaging with services (such as service satisfaction, discrimination, perceptions of usefulness; Parsell & Parsell, 2014; see also Clapham 2003; McNaughton 2008; Randall & Brown 2002;
Ravenhill 2008; Stevenson, McNamara, & Muldoon, 2014). Despite the heterogeneity in homeless accommodation services, there has been limited examination of how variations in these service delivery systems in Australia influence individuals’ perceptions of the service, service engagement and connectedness.

A key question, then, is what makes a service a home? We propose that it may be useful to unpack this issue by examining the antecedents and consequences of social identity processes in homeless accommodation services. In my previous chapter, I outlined the importance of having a sense of belonging with the service – a service social identity – for social support. The aim of the current paper is to expand on this research by examining social identification with staff or with other residents across a number of different services to determine (a) the effects of service characteristics on identification with staff and residents in a homeless service (b) the effects of perceived discrimination on identification with staff and residents and (c) the effects of staff identification versus resident identification on service engagement and joining new groups.

**Importance of Identification**

Social identification refers to the extent to which individuals perceive a sense of shared group belonging with others, such that the group becomes self-referential for defining the self (Tajfel & Turner, 1979). Social identification provides a normative environment that allows for a shared sense of meaning, belonging, communication, trust, and respect (Haslam, 2004; Haslam et al., 2005; Tajfel & Turner, 1979). This allows social identification to become a basis for fostering positive relationships and access to support (Haslam et al., 2005). If people have a shared identity, this increases the likelihood of offering support, but also increases the likelihood of accepting the support in the spirit in which it is given (Haslam et al., 2012; Levine et al., 2005). As such, social identification within a service may provide the building blocks that are necessary for service engagement (Christian & Abrams, 2003; Christian et al., 2011; Walter, Jetten, Dingle, Parsell, & Johnstone, 2016). There is a growing body in homelessness research supporting this approach. For example, in research conducted by Christian and colleagues (2003, 2011), perceived identification with workers significantly predicted intentions and behaviour related to homeless outreach program use, while friendship group norms and identification as a housing service user significantly predicted both intentions and behaviour related to the uptake of housing services. Consistent with this, in our previous research (outlined in Chapter 6), we found that while participants were residing at a
service, service identification indirectly and significantly predicted well-being and stable housing outcomes after leaving the service (via perceived social support).

While these initial findings are promising, questions remain. Research thus far has tended to examine identification as a service user broadly, without teasing apart the potentially differing effects of identifying with other service users, and identifying with service workers. The current paper expands on the previous work by separating “service identification” into measuring degree of identification with staff and degree of identification with other residents. Even though it may not always be essential to distinguish these different forms of identification, these identities are likely to be associated with different norms, values, and perceived support. Relationally, our previous research examined social support broadly, without specifying where the support came from. Thus, in the current study we examine more specific outcomes that are of relevance – perceived service engagement and joining new groups. Based on social identity theorising, we predict that a higher sense of identification with service workers should predict service engagement (Haslam et al., 2005). However, identification with residents may have other effects. Previous research has demonstrated that higher identification was associated with increased feelings of shared experiences, emotional support and understanding, and decreased social isolation and social isolation schemas (Cruwys, Dingle, et al., 2014; Cruwys, Haslam, Dingle, Jetten, et al., 2014; Dingle et al., 2013; Dingle, Cruwys, et al., 2014; Johnstone et al., 2016). Subsequently, higher identification was associated with increased social interaction and social connectedness in general and this was theorised to form a scaffolding that facilitates the joining of new groups (Cruwys, Dingle, et al., 2014; Cruwys, Haslam, Dingle, Jetten, et al., 2014; Dingle et al., 2013; Dingle, Cruwys, et al., 2014; Johnstone et al., 2016). Therefore, we predict that higher identification with other residents while at the service will predict joining new groups in the future.

**Identification and the Service Environment**

Another, and potentially more important, gap in the previous research is that we did not take account of the different features of the services when examining if and how levels of social identification predicted outcomes. Homeless services differ in important ways, such as mode of service delivery, structural environment of the service, and client-type, may play important roles in structuring experiences of residents and subsequently whether a service is a positive shared group membership, or a group with which one wishes to disengage from (e.g. see Johnstone et al., 2016). The current study aims to examine specifically how various aspects of
the service environment relate to identification with service staff and other residents. In the literature, it has generally been proposed that service location, overly restrictive rules, lack of autonomy, and lack of privacy deter service use and engagement (Acosta & Toro, 2000; Anderson et al., 2006; Biederman & Nichols, 2014; Brown, Rice, Rickwood, & Parker, 2016; Canavan et al., 2012; Hoffman & Coffey, 2008; Kushel, Vittinghoff, & Hass, 2001; Padgett et al., 1990; Stevenson et al., 2014). Important as this work is, there has been limited examination of how variations in these service delivery systems influence individuals’ sense of belonging at the service.

The current study is exploratory in nature. We focus on temporary homeless accommodation delivered by a charitable non-government organization. Broadly, we predict that external factors associated with different forms of service design and delivery in homeless accommodation services will impact on identification with the service, both at the level of service staff and the level of other service users. The specific characteristics examined are detailed below.

**Tenancy Type**

The first aspect of a service delivery model is the length of programmatic response. This is divided by the tenancy and service arrangements into either emergency/ crisis accommodation (typically a 3-month duration of stay) or transitional accommodation/ medium term accommodation (typically 12-month duration of stay). Crisis services (also known as short-term homeless accommodation or emergency accommodation) are intended to provide short-term housing and services in order to meet the immediate needs of individuals and families who are homeless or confronted with an imminent loss of housing. An emergency shelter can be considered a “catch-all” program, serving individuals with diverse needs, from transitionally or first-time homeless people with no or little behavioural or physical health problems to people who are chronically homeless with major functional disabilities (Chamberlain, Johnson, & Robinson, 2014; Parsell et al., 2013).

Transitional services (medium term homeless accommodation) are designed to provide longer temporary occupancy and supportive services for persons as they are transitioning to permanent housing (Parsell & Moutou, 2014). The underlying design of the tenancy type influences the way in which a person is supported. Crisis services focus on providing necessary and basic needs, including healthcare, to address immediate problems in people’s lives (Parsell et al., 2013). Transitional programs often provide longer periods of

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7 Although we have labeled this factor ‘tenancy type’ it is worth noting that the residents of services have limited tenancy rights compared to regular tenancy rights in private rental or community housing.
support, which may mean support that is more future-oriented with a focus on providing training and employment (Edgar et al., 2000). It is often the case that transitional accommodation requires a referral for stay (e.g. referral from crisis accommodation, prison, hospital, etc.).

Despite the differences, there is still considerable overlap in the programs offered between the two types of services, with case-management being the main driver of integrated support responses. Additionally, length of stay is based on duration of need, so in practise, service users will often stay for longer than the prescribed amount of time. However, the intended length of stay remains a useful way of classifying homeless accommodation given the different goals of service models described above (AIHW, 2014).

**Accommodation Type**

The second service characteristic we use to classify service models is accommodation type, defined as either a) single-room/shared room occupancy hostel accommodation; b) self-contained on-site units; or c) houses/units integrated into the community. The single-room/shared room occupancy hostel accommodation provides communal space, with shared living, eating and/or food preparation areas. These services are normally larger than normal residential dwellings (with some having more than 100 beds). Self-contained on site units offer more privacy, but still necessitate regular interactions with staff and other residents on premises. Furthermore, these units often only offer limited private space and there are typically restrictions on social space. Units and houses in the community provide the most autonomy and privacy, although users of this type of service may be more vulnerable to discrimination from neighbours. Therefore, their use of space and opportunities to socialise is often still restricted (Hartnett & Harding, 2005; Parsell, 2015). Thus, even though all service-types have regulations, restrictions, and some form of staff supervision, accommodation type can be located on a continuum of low privacy and autonomy (e.g., shared rooms and facilities) through to higher privacy and autonomy such as independent housing within the community (Busch-Geertsema et al., 2010; Parsell, 2015).

While the low privacy accommodation services may benefit from the often round-the-clock care available, the additional freedoms of the in-community housing may be off-set by reduced access to services on site. Nevertheless, regular visits are made by external services (such as legal representatives, medical teams, other support groups) to all types of homeless accommodation service centres (Zaretzky & Flatau, 2013). Thus, one the one hand, identification with staff and or residents may be higher in in-community dwellings or self-contained unit, as they offer more autonomy and privacy, and fewer restrictions.
Alternatively, shared accommodation and on-site units offer more access to on-site services and support, and allow for regular interactions with staff and residents—all of which may promote identification.

**Client Type**

The third dimension we examined was client demographic subgroups. The increased heterogeneity of the homeless population has prompted accommodation service models that specifically accommodate various subgroups of homeless demographics (Kuhn & Culhane, 1998; Wong, Park, & Nemon, 2006). In the current study, services catered for single men, single women, women with children, families, or they identified no restrictions (i.e., they accepted all clients).

In this diverse type of clients, we also examined specific special requirements of stay, such as whether shelters were for women escaping domestic violence or not. While research has revealed significant differences between men and women in their uptake of service within the broader homeless context (Burt & Cohen, 1989; Calsyn & Morse, 1990; Rich & Clark, 2005), we were open to the finding that uptake is perhaps more determined by structural features of the particular service provision than by socio-demographic characteristics (Busch-Geertsema et al., 2010; Rich & Clark, 2005).

**Other factors**

We also examined specific operational characteristics and demographics of services: rural or urban setting, number of beds, client: caseworker ratio, and average length of stay at service.

**Identification and Perceived Discrimination**

In recognition of the fact that people who are homeless often face considerable discrimination (Lynch & Stagoll, 2002; Milburn, Ayala, Rice, Batterham, & Rotheram-Borus, 2006), in addition to features of the service itself, we also examined how perceived discrimination at the service level related to identification with staff and residents. We examined two forms of perceived discrimination: discrimination that one faces as an individual (personal discrimination, e.g. “the rental agency did not give me the place because I’ve been homeless”) and discrimination that one perceives the group in general experiences (group-based discrimination, e.g. “homeless people are looked down upon by society”). In line with previous theorising, we posited that group-based discrimination would be especially important for identification, as group-based discrimination enhances the salience of the intergroup context (Ellemers, 1993). In particular, we identified two opposing pathways. On
the one hand, research from the social identity perspective suggests that feelings of pervasive
discrimination can increase identification, as pervasive discrimination enhances the
distinctions between “us” vs “them”, leading to greater identification (Branscombe et al.,
1999; Jetten et al., 2013). In this way, the perception of discrimination may lead residents to
turn to the accommodation service for a sense of belonging and support (i.e., increased
identification with staff and resident).

On the other hand, previous research and theorising suggests that in some contexts,
such as when a group has permeable boundaries, perceives the low-status to be legitimate, or
the group cannot offer support, the opposite effect can occur – discrimination leads to less
identification (e.g. Johnstone et al., 2015; Kellezi & Reicher, 2012; Stevenson, McNamara, &
Muldoon, 2014). For example, our previous research with people residing in homeless
accommodation services found that higher levels of perceived group-based discrimination
were a barrier to joining new groups at the service, presumably because of fear of further
rejection (Johnstone, Jetten, Dingle, Parsell, & Walter, 2015). A study conducted by
Stevenson and colleagues examined the dynamics between stigma and shared identities within
a disadvantaged and marginalised community (Stevenson et al., 2014). They suggest that
discrimination may undermine identification with the superordinate community or service
identity, as individuals may expect to be stereotyped on the basis of their group membership.
In particular, the findings suggested if residents perceive discrimination as coming from
service providers, that this causes a negative intergroup relationship, rather than a positive
intragroup relationship. This, in turn, creates a set of negative expectations and self-fulfilling
prophecies in interactions with service providers (Stevenson et al., 2014).

Qualitative studies within the homelessness literature also suggest that perceptions of
discrimination and negative encounters with service providers are relatively common
(Hoffman & Coffey, 2008; Wen, Hudak, & Hwang, 2007). For example, Hoffman and Coffey
(2008) examined a database of 500 transcribed interviews with people experiencing
homelessness in the United States and found that most descriptions of interactions with staff
and service providers were negative, with objectification and infantilisation being common
complaints. The authors go on to theorise that these forms of discrimination may be a result of
the bureaucratic forms of authority and power relations structured by the service provision
(Hoffman & Coffey, 2008). Other qualitative reports have also outlined how services can be
perceived as restrictive, bureaucratic, dehumanising, ineffective, and oppressive (Biederman
& Nichols, 2014; Hoffman & Coffey, 2008; Slesnick et al., 2009; Wen et al., 2007). In such
situations, individuals may not only perceive discrimination on the basis of membership in a group, but also feel personally discriminated against.

Although conceptualised as a group process, this previous research has mainly examined perceived discrimination at an individual level of analysis. Perceptions of discrimination do not occur in a social vacuum – the shared social environment is likely to influence an individual’s perceptions of discrimination. Thus, we predict that personal and group-based perceived discrimination may also vary systematically as a function of service. We therefore examined perceived discrimination at the service level (by examining average levels of perceived discrimination against clients in the service) and perceptions of individual level discrimination. We were open to the finding that individual-level and group-level perceived discrimination relate differently to identification. For example, it is conceivable that higher levels of perceived group discrimination at the service-based level may lead individuals to identify more strongly with service providers and other residents by providing a shared environment that facilitated group-based strategies for coping with discrimination against homeless people in general, as described above. Previous research has demonstrated that in such environments, stigma and discrimination may be coped with by adopting a more group-based strategy (Branscombe et al., 1999; Ellemers, 1993). However, if an individual perceives greater discrimination than the average level experienced in a service, they may not be able to turn to the group for support or the group may not be able to meet the needs of the individual (Jetten et al., 2013; Johnstone et al., 2015). This may lead to alternative coping strategies, such as disengagement, and be a barrier to connecting and identifying with others (Jetten et al., 2013; Johnstone et al., 2015).

**The Current Study**

The current study examined 296 residents across 19 services. We explored service identification processes over two time-points – while participants were in the service and 6 months later. The aims of the study were threefold: 1) to explore whether characteristics of the service relate to identification within the service with both staff and other residents while a client is in the service (Time 1); 2) to examine whether perceived discrimination at both the service-level (between services) and individual-level (within services) related to identification within the service with both staff and other residents while a client is in the service (Time 1); and 3) to examine whether the two types of service identification are differently related to social outcomes (service engagement, and joining multiple groups) 6 months later (Time 2).
Method

Participants

For inclusion in the study, services had to be a specialist homelessness service\(^8\) that provided accommodation for adults (people aged over 18) who were experiencing or were at risk of homelessness. Youth services, aged-care facilities, hostels for students, drug and alcohol rehabilitation facilities, and properties managed by The Salvation Army that did not specifically cater for people experiencing homelessness were excluded. Six hundred and twenty questionnaires were sent to 24 Salvation Army homeless accommodation services. Participants were recruited at the service they resided in, either by visiting researchers or service workers who were instructed in the recruitment procedure. In total, 301 participants (200 males) from 19 services completed questionnaires at Time 1 (henceforth T1). Due to missing data, the final sample consisted of 296 participants from 19 services. Little’s MCAR test for missing data was found to be non-significant for the variables of interest in the study. The majority of participants were in crisis accommodation services, and were staying in single room accommodation. Characteristics of the services are summarised in Table 7.1. The average age of participants was approximately 40 years old (range 18 to 77), and the average length of stay in service was approximately 3 months (ranging from 2 days to 3 years).

Measures

Service Characteristic Predictors. Services were characterised by their tenancy type, accommodation type, and client type. Service characteristics were determined using data from interviews or questionnaires conducted with the service managers. Tenancy type was coded as either primarily crisis (3-month period of stay) or primarily transitional (typically 12 to 18 month period of stay). We identified three accommodation types—single room or dorms with other facilities shared, on-site units that are self-contained, or independent units or houses within the community. For services with a mixture of accommodation types (in the one facility), we focused on the most prevalent model, and residents in the other forms of accommodation were not included in the study. Client type were either single men, single women, women with children, families (which includes single men with children, single women with children, couples with children) or mixed (which allows for single men, single women, and families).

\(^8\) Specialist Homeless Services are services non-government organisations that receive funding from the government.
Perceived Discrimination. Perceived discrimination and prejudice was measured using items adapted from Johnstone et al. (2015). Perceived *personal* discrimination was measured as the average of the two items: “*I feel people look down on me because of my housing situation*” and “*People have discriminated against me because of my housing situation.*” Responses were measured on a 5-point Likert scale ranging from “Strongly disagree” to “Strongly agree” and the items were correlated at T1 ($r = .71, p < .001$). Perceived *group-based* discrimination was assessed on the same 5-point Likert scale, for the two items, “*Homeless people as a group face discrimination*” and “*There is prejudice against homeless people.*” The two items were highly correlated at T1 ($r = .71, p < .001$).

Service Identification. The single-item social identification measure (Postmes, Haslam, & Jans, 2013) was included to assess service identification. This measure is a one-item modified version of Doosje, Ellemers and Spears’ (1995) four-item scale. Participants answered “*I identify with the staff at this Salvation Army residence*” and “*I identify with other residents* at this Salvation Army residence” on a 5-point scale from 1 “Strongly disagree” to 5 “Strongly agree”. Past research suggests that the social identity construct is sufficiently homogeneous to be adequately operationalized with a single item and the estimated reliability and validity for the single item is good (Postmes et al., 2013).

New group membership. Two items were used to assess whether participants had joined many new group memberships since T1: “*Since living at the Salvation Army residence, I have made many new friends*” and “*Since living at the Salvation Army residence, I have made many new connections*”. Responses were recorded on 5-point scale ranging from 1 “Strongly disagree” to 5 “Strongly agree” ($r = .59, p < .001$). The items were adapted from previous research (Cruwys et al., 2014; Jetten et al., 2012).

Service Engagement. Five items were adapted from previous research (Johnstone et al., 2016; Walter et al., 2015) to measure participants’ perceived engagement with the service. Engagement consisted of two aspects: perceiving the service as self-relevant and useful, and the extent to which clients made use of the service. The items were “*People at the Salvation Army residence were provided with plenty of opportunities to improve their lives*”, “*I made use of the opportunities available at this Salvation Army residence to improve my life*”, “*I got the help I needed in the Salvation Army residence to help me after leaving there*”, “*I was satisfied with the services provided at the Salvation Army residence*”, “*The services did not really meet my needs*” (reversed scored). The items were measured on a five-point scale from ranging from 1 “strongly disagree” to 5 “strongly agree”. Internal reliability was good (Cronbach’s alpha = .79).
Procedure

Researchers contacted the service managers at services that matched criteria for inclusion in the study and explained the purpose and requirements of the study. If service managers agreed to participate, information on the characteristics of the service was collected. Paper questionnaires with instructions were then either sent to the service, or the researcher visited the service to administer the questionnaires. Questionnaires were mailed back to the researchers. Questionnaires at Time 1 were conducted at the residence of the participant.

Participants who agreed to take part in the study were informed of the purpose of the study, including the risks and benefits. Next, informed written consent was obtained and participant contact details were collected. Participants then completed the questionnaire, either individually, or with the help of the researcher or a service worker. The questionnaire took approximately 20 to 30 minutes to complete. On completion, the questionnaire was placed in an envelope and the service workers were informed to keep the questionnaire responses completely confidential.

Researchers attempted to contact participants using contact details obtained at time one approximately 6 months post Time 1 to complete a follow-up questionnaire (Time 2). The Time 2 questionnaire was conducted verbally over the phone. Participants received a $10 Coles/Myer voucher at both time-points for participating.

Analytic Strategy

Multilevel Analysis Strategy

Data were analyzed using restricted maximum likelihood estimation multilevel modeling (also referred to as linear mixed-effects models) to account for participants nested within TSA services (i.e. participants level-1, service level-2), using the lme4 package in R (Bates, Mächler, Bolker, & Walker, 2015). We obtained p values for regression coefficients using the “car” package (Fox & Weisberg, 2010). Within the final sample, missing values analysis and imputation was conducted with SPSS 20 following examination of descriptive statistics. Attrition effects were examined between the sample at time 1 and those that dropped out.

Separate sets of analyses were conducted for identification with the service and identification with residents. All models included a random intercept, allowing the mean outcome of interest to vary randomly across TSA services\(^9\). Following recommended

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\(^9\) Random effects models were tested but none were significant and thus are not reported.
procedures (Hox, 2010), for each set of analyses, we first tested an unconditional intercept-only model (Null-Model) to determine the amount of variance between and within accommodation services in the two outcomes (identification with residents and identification with staff). Next, as the study was somewhat exploratory in nature, we examined each individual predictor in separate analyses. Perceived group discrimination and perceived personal discrimination were partitioned into between-service (Level-2: centered on the grand mean) and within-service (Level-1; centered on the group mean) variance (Enders & Tofighi, 2007; Hox, 2010). Other continuous predictors (age) were centered on the grand mean, and time at service was centered on the group mean (Enders & Tofighi, 2007; Hox, 2010). Level 2 continuous variables were centered on the grand mean. Our second model for each outcome included Level 2 effects (characteristics of the service), and the third model for each outcomes included Level 1 and Level 2 effects for discrimination predictors. With the addition of each model, we examined differences in deviance values (−2 log likelihood) to compare model fit (Hox, 2010).

Outcomes of Identification

Data were initially analyzed using maximum likelihood estimation multilevel modeling. However, there was no variation between services (level 2) on outcomes at Time 2 (new group memberships and perceived service utility), intraclass correlation (ICC) < .001. Therefore, data were analysed using ordinary least squares multiple regression.
Table 7.1.

*Characteristics of the services in sample by frequency and percentage*

<table>
<thead>
<tr>
<th>Service Characteristics</th>
<th>N (Total = 19)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clients</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Men only</td>
<td>5</td>
<td>26%</td>
</tr>
<tr>
<td>Single Women only</td>
<td>5</td>
<td>26%</td>
</tr>
<tr>
<td>Single women with children</td>
<td>2</td>
<td>11%</td>
</tr>
<tr>
<td>Single women or women with children a</td>
<td>2</td>
<td>11%</td>
</tr>
<tr>
<td>Families</td>
<td>2</td>
<td>11%</td>
</tr>
<tr>
<td>Other (mix of men, women, and families)</td>
<td>3</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Accommodation Type</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared Rooms b</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Single Room Shared Facilities</td>
<td>8</td>
<td>42%</td>
</tr>
<tr>
<td>Single Room with bathroom</td>
<td>3</td>
<td>16%</td>
</tr>
<tr>
<td>On site Units</td>
<td>3</td>
<td>16%</td>
</tr>
<tr>
<td>Houses/unit within community</td>
<td>4</td>
<td>21%</td>
</tr>
<tr>
<td><strong>Typical Length of Tenancy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis/Short-term (3 month tenancy)</td>
<td>10</td>
<td>53%</td>
</tr>
<tr>
<td>Transitional (12 month tenancy)</td>
<td>8</td>
<td>42%</td>
</tr>
<tr>
<td>Transitional (&gt; 12 month tenancy)</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td><strong>On-site support services offered</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>17</td>
<td>89%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Number of units/beds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 or less</td>
<td>3</td>
<td>16%</td>
</tr>
<tr>
<td>11 to 25</td>
<td>7</td>
<td>37%</td>
</tr>
<tr>
<td>26 to 50</td>
<td>5</td>
<td>26%</td>
</tr>
<tr>
<td>more than 50</td>
<td>4</td>
<td>21%</td>
</tr>
<tr>
<td><strong>DV Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
<td>21%</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>79%</td>
</tr>
<tr>
<td><strong>Urban Location</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban centre</td>
<td>7</td>
<td>37%</td>
</tr>
<tr>
<td>Outside of urban centre</td>
<td>12</td>
<td>63%</td>
</tr>
<tr>
<td><strong>Meals offered</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>9</td>
<td>47%</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>53%</td>
</tr>
</tbody>
</table>
Table 7.2.
Demographic characteristics of participant for the full sample of participants recruited, and at follow-up time-point.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL (N = 296)</th>
<th>Follow-up (N = 90)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age in years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Mean, Standard Deviation)</td>
<td>39.63, 10.35</td>
<td>40.00, 9.53</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>200, 66.40</td>
<td>61, 67.78</td>
</tr>
<tr>
<td>Female</td>
<td>96, 31.90</td>
<td>27, 30.00</td>
</tr>
<tr>
<td><strong>Ethnicity</strong> a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None Stated</td>
<td>16, 5.30</td>
<td>4, 4.44</td>
</tr>
<tr>
<td>Caucasian</td>
<td>210, 69.80</td>
<td>65, 72.22</td>
</tr>
<tr>
<td>Asian</td>
<td>11, 3.70</td>
<td>1, 1.11</td>
</tr>
<tr>
<td>Aboriginal/ Torres Strait Islander</td>
<td>22, 7.30</td>
<td>6, 6.67</td>
</tr>
<tr>
<td>Other</td>
<td>42, 14.00</td>
<td>14, 15.56</td>
</tr>
<tr>
<td><strong>Have Children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>171, 56.80</td>
<td>46, 51.11</td>
</tr>
<tr>
<td>No</td>
<td>124, 41.20</td>
<td>41, 45.56</td>
</tr>
<tr>
<td><strong>Highest Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>16, 5.30</td>
<td>4, 4.44</td>
</tr>
<tr>
<td>Junior High School (Year 9 or 10)</td>
<td>111, 36.90</td>
<td>25, 27.78</td>
</tr>
<tr>
<td>Senior High School (Year 11 or 12)</td>
<td>75, 24.90</td>
<td>27, 30.00</td>
</tr>
<tr>
<td>Vocational</td>
<td>65, 21.60</td>
<td>22, 24.44</td>
</tr>
<tr>
<td>University</td>
<td>18, 6.00</td>
<td>3, 3.33</td>
</tr>
<tr>
<td><strong>Relationship Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>208, 69.10</td>
<td>64, 71.11</td>
</tr>
<tr>
<td>Non-cohabitation relationship</td>
<td>18, 6.00</td>
<td>4, 4.44</td>
</tr>
<tr>
<td>De Facto/Married</td>
<td>18, 6.00</td>
<td>3, 3.33</td>
</tr>
<tr>
<td>Separated/Divorced</td>
<td>45, 15.00</td>
<td>16, 17.78</td>
</tr>
<tr>
<td>Widowed</td>
<td>2, 0.70</td>
<td>0, 0.00</td>
</tr>
<tr>
<td><strong>Main Income Source</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time employment</td>
<td>10, 3.30</td>
<td>4, 4.44</td>
</tr>
<tr>
<td>Casual/Part-time employment</td>
<td>12, 4.00</td>
<td>7, 7.78</td>
</tr>
<tr>
<td>Welfare</td>
<td>250, 83.10</td>
<td>70, 77.78</td>
</tr>
<tr>
<td>Other</td>
<td>17, 5.60</td>
<td>3, 3.33</td>
</tr>
</tbody>
</table>

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

Table 7.3 shows the bivariate random effects fixed effects, standard errors, and t-test values for each of the individual estimates on the two outcomes. This provides a preliminary impression of differences between the services, without controlling for other aspects of the service. Table 7.4 shows the null-model random effects, fixed effects, standard errors, and t-test values for the null-model predictors. For identification with staff, ICC was 0.08, and the ICC for identification with residents was 0.02. This suggests that most of the variance in identification was between individuals, rather than across services.

Table 7.3. Bivariate analyses predicting identification with staff and identification with residents

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Identification with Staff</th>
<th>Identification with Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimate</td>
<td>SE</td>
</tr>
<tr>
<td>Tenancy Type</td>
<td>0.34</td>
<td>0.18</td>
</tr>
<tr>
<td>Accommodation Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single (reference category)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On site-Units</td>
<td>0.46</td>
<td>0.19</td>
</tr>
<tr>
<td>Community</td>
<td>0.68</td>
<td>0.20</td>
</tr>
<tr>
<td>Client Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single men (reference category)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Women</td>
<td>0.33</td>
<td>0.22</td>
</tr>
<tr>
<td>Women and women with children</td>
<td>0.54</td>
<td>0.28</td>
</tr>
<tr>
<td>Families</td>
<td>0.41</td>
<td>0.34</td>
</tr>
<tr>
<td>Mixed (Single men, single women, families)</td>
<td>0.33</td>
<td>0.23</td>
</tr>
<tr>
<td>Person-level Controls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>0.43</td>
<td>0.11</td>
</tr>
<tr>
<td>Time at residence</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Age</td>
<td>0.01</td>
<td>0.01</td>
</tr>
<tr>
<td>Service-level Controls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban or Rural</td>
<td>0.33</td>
<td>0.16</td>
</tr>
<tr>
<td>Domestic Violence service</td>
<td>0.23</td>
<td>0.27</td>
</tr>
<tr>
<td>Total number of beds</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Note. Each predictor was entered in a separate analysis.

^p < .08, *p < .05, **p < .01, ***p < .001

SE – Standard error of the estimate

Tenancy Type was coded as Crisis = 0, Transitional = 1
Gender was coded as Male = 0, Female = 1
Urban location was coded as Urban = 0, Rural = 1
Domestic Violence Service was coded as No = 0, Yes = 1
Identification with staff was marginally significantly higher for participants in transitional accommodation services compared to crisis services, but there were no differences between groups in identification with residents. Identification with staff was lower for residents in single-room accommodation services compared to residents in on-site self-contained accommodation and accommodation in the community. Identification with residents was higher for participants residing at on-site self-contained units, compared to participants in either single room or in-community accommodation. Indeed, comparing the three accommodation types, participants who were residing in in-community accommodation reported the lowest levels of resident identification. There was no significance difference in identification between residents of in-community accommodation and those in single-room accommodation.

Participants residing at services for women with accompanying children reported the highest average level of identification with both staff and residents. Relatedly, participants at services specific for women escaping domestic violence reported higher levels of identification with residents compared to participants in the other services. Finally, participants from services in outside of a major city reported marginally higher levels of identification compared to participants residing in urban city services.

**Modeling service predictors of Identification**

**Staff Identification.** Examining the service-effects model showed a significantly better fit than our intercept-only model ($\chi^2 = 21.16, df = 8, p = .006$). Within this combined model, only accommodation type significantly predicted identification with staff. Specifically, participants who were housed in the community had, on average, a one-point (out of a 5-point scale) increase in identification compared to participants who were housed in single rooms. Participants who were residing at an on-site unit had, on average, a half-point increase compared participants who were in single room accommodation (see Table 7.4).

**Resident Identification.** The intraclass correlation (ICC) for identification with residents was .02, suggesting that differences across services only accounted for 2% of the variance in identification with other residents. Nevertheless, the service-characteristics model showed a significantly better fit than our intercept-only model ($\chi^2 = 18.18, df = 8, p = .020$). There was a marginal effect of tenancy type, whereby there was a .25-points decrease on identification with residents in crisis accommodation services compare to transitional services. It is likely that the effects of the other service characteristics are due to shared features between the predictors, with no unique variance being accounted for by specific service characteristics.
Modelling Discrimination Predictors of Identification

**Staff Identification.** Examining the perceived discrimination model showed an interesting pattern of results. The fit of the overall model was significantly better than that of our intercept-only model ($\chi^2 = 29.91, df = 5, p < .001$). At the person-level, only group-based perceived discrimination predicted identification with staff, with higher levels of perceived discrimination associated with decreased identification. At the service-level, both average personal perceived discrimination and group-based perceived discrimination predicted identification with staff, but in opposing directions. Participants who were residing in services with, on average, higher levels of perceived discrimination reported lower staff identification. Conversely, participants who were in services with higher levels of perceived group-based discrimination reported on average higher levels of identification with staff (See Table 7.5).

**Resident Identification.** Contrary to prediction, the perceived discrimination model did not have a significantly better fit compared to the unconditional model, $\chi^2 = 5.48, df = 5, p = .360$, see Table 7.5 and no variables were a significant independent predictor of resident identification. This is not surprising, given the small amount of between service variance in resident identification that was observed.
### Table 7.4. Multilevel model analyses predicting identification with staff and identification with residents by service characteristics.

<table>
<thead>
<tr>
<th>Fixed Effects</th>
<th>Identification with Staff</th>
<th>Identification with Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Null Effects model</td>
<td>Combined Model</td>
</tr>
<tr>
<td>Intercept</td>
<td>3.92 0.08 51.78***</td>
<td>3.81 0.09 44.55***</td>
</tr>
<tr>
<td>Service predictors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tenancy Type *</td>
<td>0.12 0.15 0.85</td>
<td>-0.25 0.14 0.14</td>
</tr>
<tr>
<td>Accommodation Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On site-Units</td>
<td>0.54 0.33 1.63</td>
<td>0.31 0.33 0.94</td>
</tr>
<tr>
<td>Community</td>
<td>1.05 0.33 3.15**</td>
<td>-0.46 0.33 -0.14</td>
</tr>
<tr>
<td>Client (Single men reference category)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Women</td>
<td>0.26 0.22 1.19</td>
<td>0.17 0.20 0.85</td>
</tr>
<tr>
<td>Women and women with children</td>
<td>-0.08 0.36 -0.21</td>
<td>0.15 0.45 0.33</td>
</tr>
<tr>
<td>Families</td>
<td>-0.42 0.44 -0.96</td>
<td>0.37 0.44 0.83</td>
</tr>
<tr>
<td>Mixed (Single men, women, families)</td>
<td>0.27 0.3 0.91</td>
<td>0.25 0.17 1.49</td>
</tr>
<tr>
<td>Service-level Controls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban or Rural b</td>
<td>-0.17 0.26 -0.65</td>
<td></td>
</tr>
<tr>
<td>Domestic Violence Service c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variance Components (Random effects)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercept</td>
<td>0.07 0.26</td>
<td>0.01 0.09</td>
</tr>
<tr>
<td>Residual</td>
<td>0.79 0.89</td>
<td>0.78 0.88</td>
</tr>
<tr>
<td>Model Summary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intra Class Correlation</td>
<td>7.80%</td>
<td>1.57%</td>
</tr>
<tr>
<td>Deviance statistic (2 log likelihood)</td>
<td>773.47 752.31 X = 21.16**</td>
<td>807.22 789.04 X = 18.18**</td>
</tr>
<tr>
<td>AIC</td>
<td>779.47 772.31</td>
<td>813.22 811.04</td>
</tr>
<tr>
<td>BIC</td>
<td>790.51 809.11</td>
<td>824.26 851.52</td>
</tr>
</tbody>
</table>

AIC - Akaike's information criterion, BIC - Bayesian information criterion,
* Tenancy Type was coded as Crisis = 0, Transitional = 1; b Urban = 0, Rural = 1; c Domestic Violence Service was coded as No = 0, Yes = 1
^ p < .05, * p < .05, ** p < .01, *** p < .001
### Table 7.5. Multilevel model analyses predicting identification with staff and identification with residents by perceptions of discrimination within and between services

<table>
<thead>
<tr>
<th>Fixed Effects</th>
<th>Identification with Staff</th>
<th>Identification with Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Null Effects model</td>
<td>Combined Model</td>
</tr>
<tr>
<td>Intercept</td>
<td>Estimate 3.92</td>
<td>SE 0.08</td>
</tr>
<tr>
<td>Level 1: Individual predictors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Discrimination</td>
<td>Estimate 0.23</td>
<td>SE 0.18</td>
</tr>
<tr>
<td>Group Discrimination</td>
<td>Estimate -0.66</td>
<td>SE 0.26</td>
</tr>
<tr>
<td>Person-level Controls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender (reference Male)</td>
<td>Estimate 0.45</td>
<td>SE 0.12</td>
</tr>
<tr>
<td>Level 2: Service predictors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Discrimination</td>
<td>Estimate -0.39</td>
<td>SE 0.18</td>
</tr>
<tr>
<td>Group Discrimination</td>
<td>Estimate 0.8</td>
<td>SE 0.26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variance Components (Random effects)</th>
<th>Identification with Staff</th>
<th>Identification with Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>Variance 0.07</td>
<td>SD 0.26</td>
</tr>
<tr>
<td>Residual</td>
<td>Variance 0.79</td>
<td>SD 0.89</td>
</tr>
</tbody>
</table>

| Model Summary                       |                           |                               |                   |               |               |               |
| ICC                                 | 7.80%                     |                               | 1.57%             |               |               |               |
| Deviance statistic (2 log likelihood)| 773.47                    | 743.56                        | X = 29.911***     | 807.22        | 801.74        | X = 5.481     |
| AIC                                 | 779.47                    | 759.56                        | 813.22            | 817.74        |               |               |
| BIC                                 | 790.51                    | 789                           | 824.26            | 847.18        |               |               |

Note. Level 1 (individual-level) predictors are centered around the service mean, and level 2 (service-level) predictors are centered on the mean of all services.

AIC - Akaike's information criterion, BIC - Bayesian information criterion
Gender was coded as male = 0, female = 1

\[ p < .05, \quad ^* p < .05, \quad ^{**} p < .01, \quad ^{***} p < .001 \]
Outcomes at Time 2

Correlation and multiple regression analyses were conducted to examine the relationship between identification variables and social outcomes at time 2. Summary statistics and correlations between the main variables in are presented in Table 7.6. The identification variables were positively and significantly correlated with each other. Identification with the service was correlated with joining new groups at time 2, and identification with the staff was positively correlated with perceived service utility at time 2. Interestingly, perceived service utility and joining new groups were not significantly correlated with each other. As the outcomes were not correlated, results are presented for the two outcomes separately.

For the multiple regression model, identification variables were simultaneously entered as predictors, alongside the control variable (gender). As predicted, identification with residents at time 1 significantly predicted joining new groups at time 2, $\beta = .257, t (83) = 2.20, p = .031$, whereas identification with staff did not, $\beta = -.013, t (83) = -0.12, p = .907$. There was also no overall significant effect of the model $R^2 = .10, F(4, 83) = 2.16, p = .08$.

Our predictions were also supported when examining perceived service engagement at time 2 as the criterion. Identification with staff was the only unique significant predictor of service utility, $\beta = .311, t (83) = 2.80, p = .006$. There was no significant effect of identification with residents, $\beta = .062, t (83) = 0.59, p = .558$. The overall model was also significant, $F(4, 83) = 2.83, p = .03$, and accounted for 13% of the variance in service perceptions, $R^2 = .13$.

Table 7.6.
Means, standard deviations, and zero-order correlations for service identification, gender, service engagement and joining new groups for the time 2 sample ($N = 91$).

<table>
<thead>
<tr>
<th>Measure</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
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<tbody>
<tr>
<td><strong>Time 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Identification with Staff</td>
<td>3.98</td>
<td>0.79</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Identification with Residents</td>
<td>3.62</td>
<td>0.91</td>
<td></td>
<td>0.28**</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gender</td>
<td>-</td>
<td>-</td>
<td>0.05</td>
<td>0.25*</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Time 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Service engagement</td>
<td>3.71</td>
<td>0.84</td>
<td>0.33**</td>
<td>0.18</td>
<td>0.13</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>5 New group memberships</td>
<td>3.31</td>
<td>1.03</td>
<td>0.05</td>
<td>0.22*</td>
<td>-0.09</td>
<td>0.07</td>
<td>1</td>
</tr>
</tbody>
</table>

$p < .07$, $* p < .05$, $** p < .01$, $*** p < .001$
Discussion

The overarching aim of the current research was to examine factors that related to identification with staff and residents at homeless accommodations services. In particular, we used multi-level models to predict identification with staff and residents from service characteristics and perceived discrimination. We further examined the association of identification with the service on service engagement and increased social connectedness outcomes.

Service Characteristics

The first set of analyses focused on the impact of service characteristics. Individually, accommodation type and gender predicted identification with staff, with tenancy type and client type showing marginally significant differences. In particular, females (compared to males), residents of transitional accommodation services (compared to crisis), residents of in-community housing (compared to single-room), residents of services for women and children (compared to single men), and residents in rural services (compared to urban settings) reported higher levels of identification with staff. When examining service characteristics together in one combined model, accommodation type was the strongest predictor, even after controlling for tenancy type, client type, and urban setting. Specifically, participants residing in in-community housing accommodation reported the strongest identification with staff. Size of service, in terms of total number of beds, did not account for this finding. One potential implication of this finding is that the physical form of accommodation services can shape individual’s perceptions of the service and service workers. For example, in-community accommodation services allow for the most privacy and autonomy, and conceivably they are more similar to a “home” (Parsell, 2015). Residents of such services may also have less exposure to situational cues that highlight their homelessness, which as described in Chapter 5, can affect self-perceptions in profound ways.

A different pattern of results emerged when examining predictors of identification with residents. When examining service characteristics separately, accommodation type and client type significantly predicted differences in participant’s identification with residents. Specifically, participants in on-site units reported higher identification with residents compared to the other forms of accommodation, and participants in in-community reported significantly lower identification with other residents. This finding is not surprising given that on-site units have communal areas and group meetings between residents are encouraged.
(Hartnett & Harding, 2005). In contrast, there is often only minimal contact with other residents in in-community accommodations services.

Additionally, participants residing at services catering to women with children reported higher identification with other residents, compared to participants of other services. Similarly, residents of specialised domestic violence services reported higher levels of service user identification compared to residents of other services. This may reflect the fact that services designed for women and children are often more specialised in their care (Wong et al., 2006). Further, women with children and women escaping domestic violence are considered to fall into the socio-political category of ‘deserving poor’, and they may therefore be perceived – and perceive themselves – very differently to other homeless subpopulations (Boydell et al., 2000; DeWard, 2007).

Overall, though, not many factors predicted identification with other residents. This is likely due to the small between-services variation in resident identification - only 2% of the variance in identification could be attributed to variations between services and most of the variance could be attributed to individual factors and error.

Nevertheless, taken together, these findings demonstrate that the service environment and characteristics of service delivery models may indeed play important roles in structuring experiences of residents. In particular, service characteristics may contribute to whether the service staff and service users are seen as a positive identity or whether they represent a group to dissociate from (e.g. see Johnstone et al., 2016). These findings are consistent with previous research that examined the intersection between geography and homeless service provision. This work described how location, program structure and requirements may reproduce and compound marginalisation (Hartnett & Harding, 2005; Johnson et al., 2008; Rowe & Wolch, 1990). This is important for practical and policy reasons, as it highlights the need to consider the perspectives and identities of people using homeless accommodation services in the design of programs, service, and interventions.

**Perceived Discrimination and Identification**

Examining perceived discrimination at the service level and the individual level combined uncovered an interesting pattern of results. At the individual level, higher levels of perceptions of group-based discrimination were associated with lower identification with staff (once controlling for personal perceived discrimination). This finding is in line with previous research that suggests that group-based discrimination can be a barrier to developing social connections when in homeless services (Johnstone et al., 2015). We suggest that
group-based discrimination at an individual level (i.e. perceiving more than average discrimination in the service) enhances the difference between ‘us’ and ‘them’ for an individual, highlighting the intergroup context between being a “homeless” service user and service providers (Branscombe et al., 1999; Jetten et al., 2013). This may undermine having a shared sense of identity (Stevenson et al., 2014).

However, the opposite effect was found at the aggregate level of perceived group-based discrimination: participants from services that reported, on average, higher levels of group-based discrimination were more likely to report higher levels of identification with service staff, controlling for personal perceived discrimination. One interpretation of this finding is that when residents collectively perceive higher levels of group-based discrimination, the shared group identity of being a member of a service may be salient, leading to higher identification and an environment of support (Branscombe et al., 1999).

Examining personal perceived discrimination presented a different pattern of results. There was no individual effect of perceiving personal discrimination on identification with either staff or residents at a service. This finding is in line with prior research that also found no effects of perceived personal discrimination on turning to groups (Johnstone et al., 2015). However, aggregate levels of perceived personal discrimination at the service level was negatively associated with identification with service staff. Thus, once controlling for the positive effect of group-based perceived discrimination on staff identification, average perceived personal discrimination across services was associated with lower staff identification. Services that had higher aggregate levels of personal perceived discrimination may reflect a shared social context in which participants feel personally discriminated against. A potential explanation for this is that there may be an environment or culture of discrimination within the service (Hoffman & Coffey, 2008). For example, a person may feel personally discriminated against as a result of bureaucratic forms of authority and power relations structured by the service provision (Hoffman & Coffey, 2008). That is, if aspects of a service are deemed overly controlling or unfair – for example staff being overly strict in applying service rules and regulation – this may result in perceptions of discrimination (Heinze, Jozefowicz, & Toro, 2010; Slesnick et al., 2009). It is possible that the reverse of what we theorise is occurring, that is that low service identification leads to increased perceptions of discrimination. Previous research has also theorised that this relationship may be mutually reinforcing, whereby low identification with staff may frame the relationship between service users and staff in a negative intergroup context, which could lead to mistrust, misunderstanding, and conflict (Haslam et al., 2012; Stevenson et al., 2014). Consequently,
future encounters may be perceived as negative, which reinforces perceptions of
discrimination, leading to decreased identification, and so on (Stevenson et al., 2014).

Overall, these results highlight the need for further research into the relationship
between discrimination and identification, within service provisions. The experiences of
people who are homeless—specifically the experience of discrimination—can be a barrier to
feelings of belonging and connectedness at a service if experienced at the individual level.
However, we propose highlighting a shared intragroup context within the service may be
beneficial for identification. This needs to be considered in homeless policy and program
designs, so that the programs and services are promoting a shared identity, rather than
inadvertently contributing to further discrimination and undermining identification and
service engagement.

Identification Outcomes

The final aim of the study was to replicate and extend previous findings that
identification with the service facilitates the development of social connectedness. In
particular, we focused on two important social outcomes—service engagement and joining
new groups. Identification with staff positively predicted service engagement perceptions 6
months later, but identification with staff was not related to joining new groups. Conversely,
identification with residents was positively related to joining new groups at follow-up, but
was not related to perceptions of service engagement. These findings add to the growing
body of literature highlighting the importance of social identities in homeless service
provision, support, and well-being (Christian & Abrams, 2003; Christian et al., 2011; Walter
et al., 2016). Specifically, the findings suggest social identification with workers can lead to
service engagement, which has been shown to be predictive of many positive outcomes, such
as exiting homelessness, increases in well-being and self-esteem, decreases in mental health
and substance use issues, increased employment and social connections (Black & Gronda,
2011; Zaretzky & Flatau, 2013). However, identifying with residents was associated with
another positive outcome: joining new groups. Research into the importance of group
memberships has unearthed a range of benefits of belonging to multiple groups, such as well-
being, support, self-esteem (C. Haslam et al., 2008; Iyer et al., 2009; Jetten et al., 2015;
Johnstone et al., 2016; Jones & Jetten, 2010). Overall, the findings suggest that social
identities developed in a homeless accommodation service can have important implications
for building social connectedness and fostering positive relationships.
It is interesting that identification with service staff did not predict new group memberships. Homeless accommodation services can provide links to community organisations, have strong ties with other groups, and aim to foster positive connections for people who are homeless. Yet, the current results suggest that a more important aspect of joining new groups is having a shared sense of group membership with other residents. Residents can provide environment that service staff often cannot – a shared lived experience. Further, residents may maintain contact with each other after leaving the service, and friendships developed may continue for longer than service use. Although we do not have data that speaks directly to this point, previous research with disadvantaged population found that having a shared sense of identity with other choir singers was associated with extended social contact beyond the choir context (Dingle et al., 2013). Further, this positive social contact was correlated with increased social confidence and subsequent social interactions outside the choir (Dingle et al., 2013). For people who are experiencing homelessness, having these positive experiences can be helpful for reducing social isolation schemas, and this may be an important step in achieving broader social integration (Cruwys, Dingle, et al., 2014). Given the results of our previous research (Chapter 6; Walter et al., 2016), it may be important to look at the content of the new group memberships. It may be that only joining new groups that can provide support are important.

**Strengths, Limitations, and Future Directions**

This study is not without limitations. First, as we noted, there was only limited variability in identification across services. We believe this may be a reflection of the small number of services we were able to sample, leading to reduced power. Having limited level 2 sample size, combined with a large attrition rate at follow-up, restricted the analyses that could be conducted. Specifically, overall functioning of random effects were not able to be reliably estimated, and there may be positive parameter bias in the intercept, and residual variances (Maas & Hox, 2004). Further, random effects could not be estimated for the data combining both time points, due to convergence difficulties. Thus, multilevel mediation analyses, such as identification as a mediator between discrimination and service engagement, could not be conducted. However, results of simulation studies have consistently shown that fixed effects estimates have little to no bias with sample sizes obtained in the current study (Bell, Morgan, Schoeneberger, Kromrey, & Ferron, 2014; Maas & Hox, 2004, 2005). Obtaining a larger sample size, at both level 1 and level 2 of the mixed
model would provide more accurate estimates of the random effects and allow for mixed effects models to be examined across both time-points.

Second, the services that were examined were not representative of homeless accommodation services in Australia more broadly. Specifically, we used a convenience sample from The Salvation Army homeless accommodation services. Therefore, making generalisations to broader homeless services should be avoided. Another limitation is that there was an overall low response rate for service users, and both service providers and service users could self-select in or out of participating in the study. Therefore, results may be somewhat biased because a) only services that felt comfortable being evaluated agreed to participate, and b) responses may be influenced by social desirability factors. However, as we were more interested in relative scores, rather than absolute or overall responding, this does not compromise the findings or provide an alternative explanation for the results.

Third, we relied on self-report measures for understanding some aspects of the service characteristics. Due to this, a number of potentially interesting measures were not included in the analyses. Specifically, case-worker to client ratios, total number of beds, and community links/service integration measures may not have been accurately reported.

The present study also has several strengths. First, we examined factors at the level of the individual and at the level of the service. This allowed us to examine identification processes in context. How an individual perceives themselves and the stigmatised group they belong to do not occur in a social vacuum. Rather, these processes occur in a social reality, where perceptions are structured by the context, and the individual’s response to the context. Multilevel modelling allowed us to examine how factors that occur within a hierarchy interrelate.

Second, we examined the effect of identification on service engagement and increased social connectedness (operationalized as joining new groups) using a longitudinal design. Examining perceptions of engagement and connection after 6 months allows us to have a more accurate picture of how a person engaged with a service and social groups over time. Homelessness is a dynamic process, and transitions through homelessness have similarly changing dynamics of need (Johnson et al., 2015). A person who initially enters only requiring urgent healthcare or accommodation may have those needs immediately met by services. However, as more immediate needs are met, it is continued service use and engagement, and fostering social connections that are beneficial for permanently breaking the cycle of homelessness (Johnson et al., 2015).
Implications

People who are accessing homeless accommodation services typically experience more complex challenges than a lack of accommodation. In response, homeless accommodation services often incorporate various forms of support, with the aim of assisting in maintaining stable and secure accommodation. The current research provides a preliminary examination of how the characteristics of homeless accommodation services may influence individual level perceptions and belonging at the service. This research has several implications. First, it suggests that the service environment of homeless accommodation services can act as barriers or facilitating factors to residents’ sense of belonging and shared identities. Consequently, more attention should be paid to the psychological costs and benefits of different service delivery models, rather than just taking a “practical” perspective. For example, having large hostel type accommodation services allow for a larger number of beds than self-contained community or on-site accommodation, but may come with the payoff of less privacy and autonomy. This may impact identification and engagement with the service, which may impede outcomes that are important for accessing and maintaining stable accommodation, such as self-reliance, independence, positive social connection, and community engagement (AIHW, 2015).

Second, we suggest that fostering a shared identity within the service may be an outcome that deserves more attention in policy and program designs, as it may be through shared identities that other positive outcomes can be achieved and enhanced. Further research and policy that focuses on a ‘homeless identity’ may risk presenting people who are experiencing homelessness as one-dimensional (Sommerville, 2013) and overlook how individuals may experience their homeless situation in terms of more positive identities. Last, although it is well recognised within services that positive relationships with workers is important (Brown et al., 2016), we suggest that identifying with other residents may also be a resource.

Conclusion

The impact of homelessness can be severe, diverse, and far-reaching. For example, people experiencing homelessness have high rates of mortality and morbidity compared to general population (Fazel, Geddes, & Kushel, 2014). Compounding these issues, there are generally low reported rates of access and uptake of health care and psychosocial support services (Black & Gronda, 2011; Brown et al., 2016; Kushel et al., 2001). The current study adds to the growing literature demonstrating the importance of psychosocial approaches
within a homeless context to address these issues (Biswas-Diener & Diener, 2006; Cruwys, Dingle, et al., 2014; Johnstone et al., 2016; Walter et al., 2016; Walter et al., 2015). Homeless accommodation services are a primary means of service delivery and assistance, both within Australia and internationally. Consequently, any improvements to achieving successful and effective service delivery can have a significant impact of lives of people who are trying to break the cycle of homelessness.
Chapter 8

Overview

The previous chapters have highlighted the critical role social factors can have on well-being in people experiencing homelessness. However, people who are homeless often have a range of complex needs that could influence their formation of social identities, and in turn their capacity to effectively access social support, and enhance their well-being. Thus a critical next step is to examine what other individual factors could influence the processes described in earlier chapters. In particular, we focus on how emotional regulation capacity may be related to social support and well-being. The experience of homelessness can be traumatic and is associated with a myriad of physical, emotional, and psychological stressors. It is thus a period during which both the regulation of emotions and making use of social supports may be particularly important for well-being. The current study examines these processes by examining interpersonal emotion regulation among 119 people experiencing homelessness. Participants (52% female, $M_{\text{age}} = 35$ years) were assessed on measures of emotion regulation, social support and well-being at three time points: while residing at a homeless service, after leaving the service, and a year after the initial assessment. Results showed that difficulties in emotion regulation at the initial time-point were significantly higher in the current sample compared to published general norms, and were associated with lower perceived social support, life satisfaction and well-being, and higher rates of social isolation. Results of linear multilevel models for longitudinal data showed that emotion dysregulation plays both a direct and indirect role in predicting well-being, with social support as a mediator. The reverse mediation was also supported – higher social support was associated with lower levels of emotion dysregulation, and this was an indirect pathway through which social support influenced well-being. It is a shared goal of social and clinical psychology to understand how social and interpersonal resources can be used to promote well-being, especially among disadvantaged and vulnerable populations. The chapter finishes with a discussion on the strengths, limitations, and implications of this research.
Individual versus interpersonal emotion regulation in the prediction of well-being among people experiencing homelessness

Homelessness confers a marginal position in society and people who are homeless face a myriad of physical, emotional, and psychological stressors (Busch-Geertsema et al., 2010; Edgar et al., 2000). Mental health problems, including substance and alcohol misuse, are disproportionately represented amongst homeless populations, when compared to the general population (Scutella, Johnson, Moschion, Tseng, & Wooden, 2012). A cumulative body of evidence demonstrates that maladaptive emotion regulation responses can underlie a range of psychological disorders (Aldao et al., 2010; Campbell-Sills & Hinshaw, 2007; Sher & Grekin, 2007; Veilleux, Skinner, Reese, & Shaver, 2014; Werner & Gross, 2010). However, there is little research examining emotion regulation in people experiencing homelessness.

Because emotion regulation has been found to be a key predictor of mental health and well-being, and because it is a determinant of occupational effectiveness, work strain, academic success, and general life satisfaction and well-being (Grandey, 2000; Gross, Richards, & John, 2006; Kring & Sloan, 2009), it presents as a transdiagnostic variable that may contribute to an understanding of a range of outcomes experienced by people living through homelessness. Furthermore, interpersonal emotion regulation and the importance of social factors in emotion regulation processes and the interaction between social factors, emotion regulation, and well-being have been examined in clinical and general populations, yet these processes have not been investigated among adults experiencing homelessness. Given that people who are homeless often have limited social connections and support, which are compounded by the experience of homelessness itself (Buhrich et al., 2000; Taylor, 2008), it is worthwhile exploring the connection between emotion regulation and social support. For example, it has been theorised that one mechanism through which social support affects mental health and well-being is interpersonal emotion regulation (Marroquin, 2011).

We begin to untangle this by examining emotion regulation processes, social support, and mental well-being among people experiencing homelessness. Broadly speaking, emotion regulation can be conceptualised as the ability to modify emotion in flexible and adaptive ways in response to the social context (Campos, Walle, Dahl, & Main, 2011). While a plethora of research has examined the impact of emotion regulation processes on mental health and, to a lesser extent, social functioning, in both general and clinical populations, limited research has explored the same for people experiencing homelessness. This is
surprising, as the ability to effectively regulate emotions may be particularly important for social support, mental health and well-being of people who are homeless, given the physically and psychologically distressing situations commonly faced in homelessness (Busch-Geertsema, Edgar, O’Sullivan, & Pleace, 2010). Although interpersonal models of emotion regulation are becoming more theoretically prominent in current literature, they too remain under examined within a homeless context. The objective of the current research is to examine individual and interpersonal models of emotion regulation in a sample of adults experiencing a period of homelessness.

**Individual models of emotion regulation**

Clinical and experimental psychology models of emotion regulation conceptualise emotion regulation as a set of individual processes or strategies (e.g.: Gratz & Roemer, 2004; Gross, 1998). This approach is supported by an abundance of research showing that specific strategies are considered more helpful (e.g. cognitive reappraisal and acceptance) and less helpful (e.g. rumination and suppression) to the individual who engages in them (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Gross & John, 2003; Rottenberg & Gross, 2007; Webb, Miles, & Sheeran, 2012). The term ‘emotion dysregulation’ has been used to describe maladaptive emotional responsiveness, which can include heightened intensity of emotions, poor awareness and understanding, non-acceptance of emotions, difficulties controlling behaviour when distressed, and deficits in the functional use of emotions.

These intrapersonal models have been constructive, especially in regards to examining emotion dysregulation as a trans-diagnostic risk factor for mental disorders (Kring & Sloan, 2009). A cumulative body of evidence demonstrates that these maladaptive responses can underlie a range of psychological disorders, such as depression, substance use, eating disorders, somatoform disorders, and borderline personality disorder (Aldao et al., 2010; Campbell-Sills & Hinshaw, 2007; Sher & Grekin, 2007; Veilleux, Skinner, Reese, & Shaver, 2014; Werner & Gross, 2010). Outside of the clinical literature, emotion regulation has also been found to be a key determinant of occupational effectiveness, work strain, academic success, and general life satisfaction and well-being (Grandey, 2000; Gross, Richards, & John, 2006).

Research has examined the impact of both general deficits in emotion regulation and deficits in specific domains of regulation (Gratz & Roemer, 2004). Different aspects of emotion regulation have different consequences, and different interventions (Gross, 2013). Given the role emotion regulation difficulties play in broader and more enduring features of
psychological and social functioning, we predict that deficits of emotion regulation are more prevalent in homelessness (Aldao et al., 2010; Gross, 2013). For example, emotion dysregulation is linked with common risk factors for homelessness, such as mental and substance abuse, post-traumatic stress disorder, and gambling (Aldao et al., 2010; Kring & Sloan, 2009; Scutella & Johnson, 2012). Additionally, poor emotion regulation may directly influence an individual’s ability to sustain housing tenancy (Jones et al., 2014). For example, a recent Mental Health commissioned report found that individuals in social housing who were threatened with eviction often showed poor emotion regulation in the face of stress – loud, aggressive behaviour and property damage being key triggers for antisocial behaviour “strikes” against them (Jones, Phillips, Parsell, & Dingle, 2014). The experience and the stressful environment of homelessness may also exacerbate or cause emotion regulation difficulties.

Although this line of research holds merit, a limitation of conceptualising emotion regulation as an individual trait is that emotions are more dynamic than a trait-based approach would suggest. Furthermore, emotion regulation is highly context-dependent in that it is influenced (both intensified and soothed) by others within social contexts. We will unpack these social approaches to emotion regulation further below.

Social models of emotion regulation

Social factors are of critical importance in emotion regulation processes. Social situations are triggers for emotions, emotions serve communicative roles when interacting with others, and people are required to regulate their emotions to achieve social goals and maintain good relationships (Kappas, 2013; Rimé, 2009; Shuman, 2013). Additionally, people can experience emotions on behalf of the social groups they belong to and identify with (Smith & Mackie, 2016). It is thus unsurprising that emotion regulation can have social consequences. For example, early emotion regulation strategies “set the stage” for the formation of important social functioning down the track – where individuals with maladaptive strategies faced lower quality social relationships, were less liked by peers, and had lower levels of social support (English, John, Srivastava, & Gross, 2012). This may also have flow on effects on mental health. There is good evidence that social functioning and support are important for the development and maintenance of good mental health and well-being (Cohen, 2004; Cruwys, Haslam, Dingle, Haslam, et al., 2014; House et al., 1988; Jetten et al., 2014) with some of the empirical evidence for this relationship obtained in homeless samples (Cruwys, Dingle, et al., 2014; Hwang et al., 2009).
What is more, emotions arise within a social context and are partly regulated through other people. For example, individuals share their emotional states with others to make themselves feel better (Rimé, 2009), intensify positive affect (Reis et al., 2010), and elicit support during times of stress (Lazarus & Folkman, 1984). Indeed, the mere presence of others has been found to soothe negative affect (Coan, 2011). Consequently, it has been theorised that one mechanism through which social support affects mental health and well-being is interpersonal emotion regulation (Marroquín, 2011). More specifically, Marroquín (2011) suggested that social relationships affect individual-level psychopathology of depression by influencing individuals' emotion regulation skills repertoire, use, and effectiveness, as well as by diluting the effects that an ineffective use of individual emotion regulation has on symptoms.

Although the relationship between social factors and emotion regulation have been highlighted in the research summarised here, it has only been relatively recently that comprehensive theoretical frameworks and methods have emerged to characterise social and Interpersonal Emotion Regulation (IER). For example, Niven and colleagues (2011) separated emotion regulation into intrinsic (regulating one’s own emotions) and extrinsic (regulating others’ emotions) types, and affect improving and affect worsening motivations (Niven, Totterdell, Stride & Holman, 2011). Zaki and Williams (2013) similarly distinguished intrinsic from extrinsic interpersonal regulatory strategies and further differentiated these into response-dependent and response-independent strategies. To illustrate, imagine a woman is upset about missing out on a job opportunity and shares her feelings of disappointment with a friend who provides a supportive empathic response, whereupon the woman feels better. For the woman, this would be an example of response-dependent intrinsic IER. Conversely, her friend has engaged in extrinsic IER of the woman’s feelings. In the absence of a supportive friend, the woman could decide to volunteer a few hours to help in her local community centre, whereupon her prosocial behaviour brings about a more positive emotional state. This would be an example of response-independent IER. Thus, Zaki and Williams’ (2013) model emphasises the dynamic, interactive elements of IER.

Dixon-Gordon and colleagues’ IER conceptualisation similarly includes emotion regulatory goals and effects and expands on this to include the role of encoding and decoding (see Figure 2 in Dixon-Gordon, Bernecker & Christiens, 2015). This model acknowledges that a person experiencing emotions who seeks regulatory interaction with another may be motivated by an emotion regulatory goal or some other goal (such as self-enhancement). The
way their emotions are expressed to the other, and interpreted by the other, influences the other’s response and the ultimate effect on their emotional state in a dynamic reiterative process. The authors also included a number of moderators of this process such as individual differences, context, past experiences, and relationships. They identified problems that could arise in the IER process that have potential relevance to clients in homeless services - such as problematic emotion regulatory goals (such as unattainable or unrealistic goals of others, or conflicting interpersonal goals), underuse of the social environment to regulate emotions (social withdrawal, avoidance), and selection of inappropriate or unhelpful others for emotion regulation assistance (Dixon-Gordon, Bernecker & Christensen, 2015).

In this study, we sought to empirically test both the individual and interpersonal models of emotion regulation with data from our sample of homeless adults who were not seeking treatment in a clinic (where it may reasonably be expected that they would receive an empathic supportive response from a therapist), but who were undergoing a stressful period and who were in a context where they would be required to interact regularly with others.

The Current Study

In the current study, we examine the links between emotion regulation, social support, and well-being in a sample of residents of homeless accommodation across three time-points over a year. Thus we are able to examine how the process of emotion regulation and social support relate to each other dynamically over time. We examined perceived social support, as this has been found to be a key factor in explaining the relationship between social connections and mental health (Cohen, 2004; Thoits, 2011). It has also been found that perceived social support is more important than enacted or received social support when it comes to predicting mental health and well-being (Kaniasty & Norris, 1993; Norris & Kaniasty, 1996; Prati & Pietrantoni, 2010; Reinhardt, Boerner, & Horowitz, 2006).

To examine emotion regulation, we used a well-established six-factor model assessed by the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) that consists of the following subscales: emotional awareness, emotional clarity, emotion regulation strategies, impulse control, non-acceptance, and goal focus when distressed. Using this measure accounts for an individual’s emotion regulation ability, but we were not able to examine interpersonal emotion regulation, or the up and down regulation of positive emotions. Since the inception of this study, measures of interpersonal emotion regulation have been published and future research would ideally include both a measure of individual
capacity (such as the DERS) and a measure of interpersonal emotion regulation (such as the Interpersonal Emotion Regulation Questionnaire; Hofmann, Carpenter, & Curtiss, 2016).

The first aim of the study was to examine emotion regulation as an individual difference among participants. By comparing the norms from this homeless sample against published norms from general population (Gratz & Roemer, 2004) we aimed to establish whether participants did indeed experience difficulties in any (or all) of these domains of emotion regulation. Specifically, we predicted:

H1: People experiencing homelessness will have higher levels of emotion regulation difficulties compared to samples from the general population.

Following on from this, we examined emotion regulation as a moderator such that an individual’s difficulties in emotion regulation may act as a barrier to accessing support that is available (see Figure 8.1). That is:

H2: Higher levels of emotion regulation difficulties will attenuate the relationship between social support and well-being.

The second aim of the study was to examine interpersonal emotion regulation in this sample of adults transitioning through homeless accommodation services. In particular, we aimed to investigate the interplay among changes in emotion regulation, social support, and well-being. In these models, we used the total emotion regulation score as a variable and tested two specific models (shown in Figures 8.1).

In line with findings that emotion regulation has been found to be an important precursor to being able to effectively communicate to and gain social support from others (Gross & John, 2003; Zaki & Williams, 2013), we examined whether emotion regulation predicts social support and well-being. Specifically, we predicted:

H3: Higher levels of emotion regulation difficulties will be associated with lower levels of perceived social support, and perceived social support will (at least partly) mediate the relationship between emotion regulation difficulties and well-being.

In accordance with the model suggested by Marroquin (2011), we also examined if social support affected individual-level well-being by increasing the use and effectiveness of individuals' emotion regulation skills. That is, the second model examined emotion regulation as a mediating step; the availability of effective social support may foster adaptive emotional regulation leading to improved well-being. Thus, we predicted:

H4: Higher levels of perceived social support will be associated with lower levels of emotion regulation difficulties, and emotion regulation will (at least partly) mediate the relationship between social support and well-being.
H2:

![Diagram showing H2: Interaction Model. The effect of social factors (social support) depends upon emotion regulation abilities (difficulties in emotion regulation) in affecting well-being.]

H3:

![Diagram showing H3: Mediation Model. The effect of social factors (social support) on well-being, in part, via its impact on emotion regulation abilities (difficulties in emotion regulation).]

H4:

![Diagram showing H4: Reverse Mediation Model. Emotion regulation can affect social factors, which in turn affects well-being.]

*Figure 8.1.* Models of interaction, mediation, and reverse mediation for hypotheses 2, 3 and 4. H2) Interaction Model. The effect of social factors (social support) depends upon emotion regulation abilities (difficulties in emotion regulation) in affecting well-being. H3) Mediation Model. The effect of social factors (social support) on well-being, in part, via its impact on emotion regulation abilities (difficulties in emotion regulation). H4) Reverse Mediation Model. Emotion regulation can affect social factors, which in turn affects well-being.
Methods

Participants

In total, 119 participants (63 females) were recruited at Time 1, while they resided in a homeless shelter that was run by The Salvation Army. Participants’ age ranged from 19 to 59, with a mean of 35.45 years (SD = 9.39 years). The average time spent in the homeless service was 7.15 weeks, (SD = 8.82 weeks). Time 2 assessments occurred two to four weeks after each participant left the service (or after three months if participants had not left the service by that time) and Time 2 surveys were completed by 75 participants. Time 3 data were collected 12 months after the initial time-point and 49 participants completed this survey. There were no differences at baseline for demographics or variables of interest between participants who completed the follow-up time-points and those who did not. Further, Little’s MCAR test for missing data was found to be non-significant for all the variables in the study.

Procedure

The procedure for the current study is described in detail in Chapter 4 and Chapter 6.

Materials

Emotion Regulation. The difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) consists of 36-item measure and it assesses difficulties in six dimensions of emotion regulation. Each item is rated on a scale ranging from 1 (almost never) to 5 (almost always). Item scores are summed to obtain a total and six sub-scale scores. Higher scores indicate greater difficulties with emotion regulation across each sub-scale. The six DERS sub-scales include: (a) Nonacceptance, which reflects the tendency to have secondary emotional responses to one’s negative emotions or non-accepting reactions to one’s distress; (b) Goals, reflecting difficulties in concentration and task accomplishment when experiencing negative emotions; (c) Impulse, reflecting difficulties remaining in control of one’s behavior when experiencing negative emotions; (d) Awareness, which reflects an inattention to and lack of awareness of emotional responses; (e) Strategies, which reflects limited access to emotion regulation strategies and the belief that little can be done to regulate emotions effectively once an individual is upset; and (f) Clarity, indicating the extent to which individuals know and understand the emotions they are experiencing (Gratz &

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10 This is the same sample described in Chapter 4 and Chapter 6.
The DERS total scale and sub-scales have shown good reliability, construct, predictive validity, and the factor structure is supported in several populations (Bedore & Pena, 2008; Cheung, 2007; Gleibs, Haslam, Haslam, & Jones, 2011; Taylor, 2007; Weiss, 2006). In the present study the DERS Total ($\alpha = .94$) and the sub-scales non-acceptance ($\alpha = .89$), goals ($\alpha = .79$), impulse ($\alpha = .88$), awareness ($\alpha = .81$), strategies ($\alpha = .86$), and clarity ($\alpha = .72$) demonstrated good reliability.

**Personal Well-being.** The Personal Wellbeing Index-Adult (International Wellbeing Group, 2006) was used to measure well-being. The 8-item measure examines satisfaction with eight domains of life; standard of living, health, current life achievements, personal relationships, safety, community involvement, future security, and spirituality. Responses were recorded on a 10-point scale from 0 (*completely dissatisfied*) to 10 (*completely satisfied*), and the scores were averaged across the 8-items. The scale had good internal reliability, $\alpha = .84$.

**Perceived Social Support.** A four-item measure adapted from Haslam et al. (2005), was used to assess perceived social support. The measure assesses four aspects of social support: emotional support; companionship; instrumental support; and informational support (House, 1981). For example, participants were asked to indicate to what extent they agreed with the item “I get the emotional support I need from other people”. Responses were recorded on a 7-point scale ranging from 1 (*do not agree at all*) to 7 (*agree completely*), and the four items were averaged, $\alpha = .92$.

**Table 8.1.**

*Example items for DERS Scales (Gratz & Roemer, 2004).*

<table>
<thead>
<tr>
<th>Sub-scale</th>
<th>Example Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>I pay attention to how I feel. (reversed)</td>
</tr>
<tr>
<td>Clarity</td>
<td>I have no idea how I am feeling.</td>
</tr>
<tr>
<td>Goals</td>
<td>When I’m upset, I have difficulty focusing on other things.</td>
</tr>
<tr>
<td>Non-acceptance</td>
<td>When I’m upset, I feel guilty for feeling that way.</td>
</tr>
<tr>
<td>Impulse</td>
<td>When I’m upset, I have difficulty controlling my behaviour.</td>
</tr>
<tr>
<td>Strategies</td>
<td>When I’m upset, I believe that there is nothing I can do to make myself feel better.</td>
</tr>
</tbody>
</table>
Analytic Plan

For the first research question, descriptive statistics, correlations, and Welch’s t-tests were examined to determine whether participants did indeed experience difficulties in any (or all) of these domains of emotion regulation (in comparison with published norms for adults).

For the second research question, examining interpersonal models of emotion regulation, multilevel modelling (MLM) was conducted. As the current study generated longitudinal data that were nested (i.e., assessment ratings nested within participants), MLM was considered the most appropriate choice. Specifically, MLM is more flexible with time-points (it allows for variation across individuals in both the number of assessments as well as the time between assessments), it is more appropriate than other techniques for smaller sample sizes, and allows for missing data without excluding participants. All analyses were conducted with the statistical package Stata/SE 12.0 and R.

The first step in the analyses was to conduct a null model to calculate the nature of dependency (intra class correlation). Models were then run with the time variable (Time 1, 2 or 3) for each of the time-varying variables (well-being, emotion regulation difficulties, and perceived social support) to examine the longitudinal trend. The Level-1, within-person models assumed the basic form:

$$MPWI_{ij} = B_{0j} + B_{1j}(Wave)_{ij} + B_{2j}(x_{ij} - PMx_i) + r_{ij}$$

In this model, $MPWI_{ij}$ is person $j$'s score on the well-being measure at Wave $i$; $B_{0j}$ is a random coefficient representing person $j$'s initial level of well-being at baseline; $B_{1j}$ is a random coefficient representing person $j$'s linear rate of change on well-being over time; $B_{2j}$ is a fixed coefficient representing the effects of relative increases and decreases in the predictor for person $j$’ (with scores centred around person $j$’s mean) on their well-being (Haslam, 2004). The $r_{ij}$ term represents the error associated with each measure of well-being, not accounted for by the other intra-individual variables contained in the model.

The Level-2, between-person model accounts for individual differences in the Level-1 coefficients. The basic Level 2 (person-level) models were:

$$B_{0j} = \gamma_{00} + \gamma_{01}(Wave)_j + u_{0j}$$
$$B_{0j} = \gamma_{00} + \gamma_{01}(PMx_i)_j + u_{0j}$$
$$B_{1j} = \gamma_{10} + u_{1j}$$

In this model, $\gamma$ parameters represent the grand mean of the person-level means ($\beta_0$’s) from the Level-1 models. The residual terms (e.g. $u_{0j}$) represent the variance of $u_{0j}$ not accounted for by the Level 2 parameters.
Results

Preliminary Analyses

Independent sample Welch’s t-tests were used to compare levels of emotion dysregulation in the current homeless sample to published norms from an American sample from Gratz and Roemer (2004). As expected, the current sample had significantly higher levels of overall difficulties in emotion regulation scores compared to previous reported means. Examining the subscales, participants in the current sample reported significantly higher scores on the dimensions of non-acceptance, impulse, strategies, and clarity (Table 8.2)\(^{11}\). The difference for significant effects ranged from just below half a standard deviation to a standard deviation above the published scores. To simplify the statistical models and in order to reduce the chances of making a Type 1 error, subsequent analyses focused on the total DERS score to represent emotion dysregulation. Means and zero-order correlations for are presented in Table 8.3 and Table 8.4, respectively.

Table 8.2.  
Means and Standard Deviations for DERS Scales among clients of Salvation Army supported accommodation services and previously reported data from Gratz & Roemer (2004)

<table>
<thead>
<tr>
<th>SCALE</th>
<th>Homeless Sample (n =117)</th>
<th>Previous Data (n =357)</th>
<th>Welch’s t-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>DERS Total</td>
<td>92.99</td>
<td>26.46</td>
<td>78.72</td>
</tr>
<tr>
<td>Non-Acceptance</td>
<td>15.91</td>
<td>7.14</td>
<td>11.62</td>
</tr>
<tr>
<td>Goals</td>
<td>15.12</td>
<td>5.09</td>
<td>14.39</td>
</tr>
<tr>
<td>Impulse</td>
<td>14.72</td>
<td>6.32</td>
<td>11.02</td>
</tr>
<tr>
<td>Awareness</td>
<td>15.17</td>
<td>5.70</td>
<td>14.86</td>
</tr>
<tr>
<td>Strategies</td>
<td>20.08</td>
<td>7.89</td>
<td>16.18</td>
</tr>
<tr>
<td>Clarity</td>
<td>11.99</td>
<td>4.31</td>
<td>10.65</td>
</tr>
</tbody>
</table>

DERS – Difficulties in emotion regulation scale; PWI – Personal Wellbeing Index

\(^{11}\) Although there were no significant gender differences in the current sample, we also conducted the analyses with men and women compared separately, to be consistent with the previously reported data. The pattern of results stays the same and was thus not reported.
Table 8.3.
Descriptive statistics for emotion dysregulation, perceived social support, and well-being across the three time-points of the study.

<table>
<thead>
<tr>
<th>N</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Time 3</th>
<th>ICC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>119</td>
<td>92.99</td>
<td>26.46</td>
<td>87.82</td>
<td>28.64</td>
</tr>
<tr>
<td>76</td>
<td>83.81</td>
<td>26.36</td>
<td>83.81</td>
<td>26.36</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DERS Total</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Time 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Support</td>
<td>5.68</td>
<td>1.84</td>
<td>5.26</td>
</tr>
<tr>
<td>PWI</td>
<td>4.63</td>
<td>1.58</td>
<td>6.63</td>
</tr>
</tbody>
</table>

DERS – Difficulties in emotion regulation scale; PWI – Personal Wellbeing Index; ICC = Intra-class correlation for the null model

Table 8.4.
Zero order correlations for emotion dysregulation, perceived social support, and well-being across the three time-points of the study.

<table>
<thead>
<tr>
<th>DERS Total</th>
<th>Social Support</th>
<th>PWI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1</td>
<td>Time 2</td>
<td>Time 3</td>
</tr>
<tr>
<td>1</td>
<td>Time 1</td>
<td>Time 2</td>
</tr>
<tr>
<td></td>
<td>Time 1</td>
<td>Time 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DERS Total</th>
<th>Social Support</th>
<th>PWI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DERS – Difficulties in emotion regulation scale; PWI – Personal Wellbeing Index

*p < .08, *p < .05, **p < .01, ***p < .001

Multilevel Analyses

For the meditation analyses, multilevel mediation analysis using a sequence of multilevel models (Zhang, Zyphur, & Preacher, 2009) were performed by using the XTMIXED procedure in Stata/SE 12.0, using the method outlined by Krull and Mackinnon (2001; see also Raudenbush & Bryk, 2002).

MLM Results. Initial tests involving null models revealed significant ($ps < .0001$) within- and between-person variance in each of our study measures (see Table 8.3). This suggests that there is significant variance both within participants’ fluctuations on variables
across time, and between participants, to warrant examination across time of assessments at the clustered level. A conditional base model was constructed to estimate initial status and linear growth in well-being, emotion regulation, and social support over time.

Next, a model was run where well-being was predicted from within-person emotion regulation, as well as between-person emotion regulation. Level-one variables were centred within person, modelling individual fluctuations in those variables, and Level two variables were centred around the grand mean. On average, higher levels of emotion dysregulation (above the participant’s personal mean) was associated with declines in well-being, \( B = -0.02, SE = 0.01, z = -3.77, p < .001 \).

The second multilevel model was run predicting well-being from social support. For the average participant, a higher level of perceived social support (above own mean) was associated with a significant increase in well-being, \( B = 0.58, SE = 0.07, z = 8.05, p < .001 \). During waves in which participants reported higher than average levels of social, they also reported higher levels of well-being, taking into account than their initial and linear change estimates.

Finally, lower level (Level 1) mediation and moderation analyses were conducted to examine how social support and emotion regulation may relate to well-being. For the mediation analyses, the unstandardized total, direct, and indirect effects were assessed, using bootstrapping procedures, with 500 repetitions and 95% bias-corrected confidence intervals.

First, we analysed the moderator model with social support, emotion regulation, and the interaction term between social support and emotion regulation predicting well-being (Figure 1a). Both emotion regulation \( (B = -0.02, SE = 0.01, z = -3.25, p = .001) \) and social support \( (B = 0.55, SE = 0.07, z = 7.75, p < .001) \) were significant predictors, but there was no significant interaction between the two \( (B = -0.01, SE = 0.01, z = -2.04, p = .474) \).

Next, social support was examined as a mediator of the relationship between difficulties in emotion regulation and well-being (Figure 1b). Analyses revealed that a higher level of difficulties in emotion regulation was associated with a significant decrease in perceived social support, \( B = -0.01, SE = 0.01, z = -2.03, p = .042 \). There was a significant total effect of emotion dysregulation on well-being, \( B = -0.03, SE = 0.003, 95\% \text{ BC-Cl} = -0.030, -0.017 \). There was also a significant indirect effect of emotion regulation, via social support \( (B = -0.01, SE = 0.002, 95\% \text{ BC CI} = -0.009, -0.002) \). After accounting for the indirect effect, there remained a significant direct effect of emotion dysregulation on well-being, \( B = -0.018, SE = 0.004, 95\% \text{ BC-CI} = -0.25, -0.012 \).
We then tested the reverse mediation; where emotion regulation was imputed as a mediator of the association between social support and well-being. First, we examined the relationship between the predictor variable (social support) and the mediator (DERS). For the average participant, a higher level of perceived social support (above own mean) was associated with a significant decrease in emotion regulation difficulties, $B = -1.65$, $SE = 0.01$, $z = -2.03$, $p = .042$. Next, there was a significant total effect of social support on well-being at, $B = .58$, $SE = 0.05$, 95% BC CI = .489, .673. There was also a significant indirect effect of social support, via emotion regulation ($B = -.03$, $SE = .01$, 95% BC CI = .014, .056). After accounting for the indirect effect, there remained a significant direct effect social support on well-being, $B = .55$, $SE = .05$, 95% BC CI = .459, .638.

Discussion

The aim of the current study was to examine individual and interpersonal models of emotion regulation in a sample of adults experiencing a stressful period of homelessness. The sample average scores on all aspects of emotion dysregulation indicated that the participants experienced substantial difficulties accepting negative emotions, controlling impulses while experiencing negative emotions, and lacking effective strategies to change negative emotions. Examining the overall levels of emotion regulation in people experiencing homelessness demonstrates that this is an area of concern. The average levels were similar to those found in other clinical populations, such as people with drug and alcohol disorders (Fox et al., 2007), gambling problems (William et al., 2012), and depression and anxiety disorders (Menin et al., 2007).

More importantly, however, we also examined the nature of the relationships between emotion regulation and social support in predicting well-being. We found no support for the hypothesis that emotion regulation difficulties influenced the effect of perceived social support on well-being outcomes. Although both emotion regulation and social support predicted well-being, there was no interaction between the two variables. This suggests that emotion dysregulation does not impact on the way in which people translate the perceived social support they receive into well-being.

Our second aim was to examine the relationships between emotion regulation, social support, and well-being. As predicted, higher levels of emotion regulation difficulties were associated with lower levels of perceived social support. Further, the pathway from emotion regulation to well-being was significantly mediated by a significant, albeit small, indirect effect through social support. This is consistent with the idea that emotion regulation
processes can shape the social environment; with difficulties in emotion regulation limiting an individual’s access to social support during the period of homelessness (Deelstra et al., 2003; English et al., 2012; Jones et al., 2012; Kappas, 2013). This may be particularly important to breaking out of homelessness, as having supportive relationships and social connections is associated with shorter durations of homelessness and longer periods of stable housing (Calsyn & Winter, 2002; Orwin et al., 2005) and housing policies and interventions have highlighted that social integration is an important outcome in ending homelessness (Arthurson & Jacobs, 2004; Australian Government, 2008; Busch-Geertsema et al., 2010; Edgar et al., 2000).

Our final model was a reverse mediation of the previous model; emotion regulation was examined as a mediator for the relationship between social support and well-being. We also found support for this reverse model – during periods when people had higher levels of social support, compared to other time-points, lower levels of emotion regulation difficulties were reported and through this, people had higher well-being outcomes. Thus, the current study provides preliminary evidence that there is a bi-directional relationship between emotion regulation and social factors. This finding highlights the importance of the often-neglected interpersonal aspects of emotion regulation as a mechanism of social support (Marroquín, 2011) – that is, one way in which social support may be beneficial is that it provides people with a social context that helps regulate emotional distress.

The precise mechanism through which social support links to emotion regulation is unclear from the current research. It may be that the participants shared their difficult emotions with others and received emotional support that helped to soothe or give a different perspective on their problems, and this in turn led to improved well-being (Morelli, Lee, Arnn, & Zaki, 2015). This process was described as intrinsic affect improving emotion regulation by Niven et al (2011) and as intrinsic response dependent emotion regulation by Zaki and Williams (2013). Further, it is possible that perceiving social support as being available will lead to engaging in more functional forms of emotion regulation. Individuals with higher levels of social support may perceive they have the resources to cope with a stressful situation, and thus may be able to engage in the emotion regulation strategy of reappraisal (reappraising the situation as less distressing; Gross & John, 2003) compared to more typically dysfunctional emotion regulation strategies such as withdrawal or avoidance (Dixon-Gordon et al, 2015). This is congruent with the broader evidence base examining how supportive groups can provide psychological resources that people can draw on during stressful periods of life (see Jetten, Haslam, & Haslam, 2012).
Limitations and Future Research Directions

Despite these promising findings, a number of methodological issues limit the conclusions that can be drawn from the study. Although we examined the data longitudinally and with reference to individuals’ level of change in well-being (i.e. multilevel model slopes) being associated with their changes in social support and emotion regulation, these findings do not provide evidence for a ‘causal’ chain linking perceived support, emotion regulation, and well-being levels. Although conducting maximum likelihood estimation techniques utilizing a lagged structural equation modelling analytic approach may have provided a stronger case for the causal effects of the variables, these analyses were deemed to be not appropriate due to the small sample size and high rates of missing data. Specifically, multilevel structural equation modelling would result in model convergence issues, estimation problems, and inadmissible solutions. Nevertheless, longitudinal methods may be the most appropriate for uncovering compelling evidence for causal and reciprocal effects when studying homeless samples, and future research should continue to examine these models.

Another limitation of the current study is that the measure of emotion regulation focused on an individual’s ability to engage in various domains of emotion regulation while experiencing strong negative emotions. Thus, we were not able to examine interpersonal emotion regulation, or the up and down regulation of positive emotions. Since the inception of this study, measures of interpersonal emotion regulation have been published and future research would ideally include both a measure of individual capacity (such as the DERS) and a measure of interpersonal emotion regulation (such as the Interpersonal Emotion Regulation Questionnaire; Hofmann, Carpenter, & Curtiss, 2016). Additionally, group based emotions are also enhanced when individuals identify strongly with the group (Goldenberg, Halperin, van Zomeren, & Gross, 2016) – so future research could examine both individual emotion regulation as well as group based emotions and their regulation in relation to group identification. Furthermore, future research could include measures that examine the encoding and decoding processes described in the model by Dixon-Gordon and colleagues (2015) to more clearly assess the interplay between social and emotional factors.

Finally, even though clients of homeless services are a heterogeneous group (Walter et al., 2015), our findings are from a small sample of people staying in homeless residences. Furthermore, we did not measure housing distress or the situational factors of our participants’ homelessness. Future research needs to be undertaken with larger samples to
provide generalizability of results and also with specific groups of homeless people (e.g. youths, families, women escaping domestic violence) to provide information on relationships that emerge for groups of homeless people in different life circumstances.

Further, future research may seek to provide a better understanding of the examined relationships over a longer period of time, as these processes may continue to change over the course of a person’s housing trajectory. Although we examined relationships over a year, this may not be long enough to adequately examine the full impact of the processes.

**Implications and Conclusion**

At an applied level, the implications of the research suggest that it is theoretically plausible that targeting emotion regulation skills may help with coping in homeless situations, which can be a time of high distress and uncertainty. Additionally, the results suggest improving social factors may have a flow on effect to improved emotion regulation. As such, emotion dysregulation could be further examined as a target for prevention and intervention programs, including social intervention programs, to assist those who are in crisis accommodation services awaiting stable housing. For example, program initiatives that allow people from disadvantaged backgrounds to participate in recreational group activities (such as choir singing) have been shown to provide participants with opportunities for both social support and emotion regulation (Dingle et al., 2013; Dingle, Cruwys, et al., 2014).

Social factors are a critical aspect of emotion regulation processes. Social and clinical psychologist alike aim to understand how social and interpersonal resources can be used to promote well-being, especially among disadvantaged and vulnerable populations. To achieve these goals, it is necessary to understand how resilience and well-being can be influenced by individuals’ internal capabilities and skills, and from the outside—by social network members such as friends, family, and service workers.
Chapter 9

General Discussion

The impact of homelessness extends beyond the physical and practical challenges of being without a house; it also represents a lack of home and belonging, and carries significant psychosocial challenges. The broad goal of my thesis was to understand how the social and individual characteristics of people who are experiencing homelessness influence well-being and other important outcomes for housing stability. In particular, I examined three main questions that are central to the homeless experience: 1) How does self-categorization as homeless influence well-being and service use among people who are currently homeless? 2) How does social identification processes (i.e. identifying with service, social support, group belonging) relate to positive outcomes among people experiencing homelessness and what are characteristics of services that promote or hinder identification processes? And 3) Among those who are homeless, what is the relationship between an “individual” level risk factor, namely emotion dysregulation, and social support in predicting well-being? The current discussion will briefly summarise the findings of these three questions, before outlining the overall theoretical and practical implications of these findings.

Self-categorization and Homelessness

The first question my thesis examined was around self-categorization processes in people who are transitioning through homeless services. To access homeless services, people are often required to adopt the labels and language of the service providers, including self-categorizing as homeless. However, “the homeless” are a highly stigmatised category and membership in this category carries serious psychological costs. The first study (Chapter 4) used a mixed-methods approach to examine how individuals who are residing in homeless services see themselves in relation to the homeless category, and what the implications of this are. Results showed that self-categorization as “homeless” was accepted by 55% of respondents and rejected by 31%. Respondents who rejected the “homeless” label reported greater personal well-being and lower negative mood symptoms than people who accepted the label, independent of the duration of their homelessness. Self-categorization was not, however, related to service use. Results highlight that although homeless services typically require individuals to self-identify as homeless, this label may be externally imposed and internal and external self-categorizations may differ. Further, we suggested that one reason
why well-being may suffer when people categorize as homeless is because of the stigma and marginalisation associated with being a “homeless person” (Cikara et al., 2010; Phelan, et al., 1997; Reutter et al., 2009; Thomas et al., 2012) and that rejecting the homeless label may be a protective strategy against this stigma.

To further explore these concepts and the consequences of self-categorization as homeless, a second, experimental study was conducted. In this study (Chapter 5), we examined the way in which the salience of a self-categorization as homeless affects self-perceptions and well-being outcomes. Participants in the study completed a questionnaire where they had to categorise themselves as homeless at either the start of or the end of the questionnaire. The findings revealed that participants who were required to categorize as homeless rated themselves as less competent and less likely to achieve future life aspirations than participants in the control condition. Further, both perceived chances of attaining future life aspirations and perceived competency mediated the relationship between self-categorisation and well-being.

**Social Identity Processes in Homeless Accommodation Services**

The second question in my thesis turned away from examining a ‘homeless’ identity, and turned to examining potentially positive social identities of people who are transitioning through homeless. People who are homeless often face limited social connections and support, which can contribute to becoming and remaining homeless, and the experience of homelessness itself can exacerbate this lack of support and social exclusion (Eyrich, et al., 2003; Fitzpatrick, et al., 2007; Goodman, 1991; Hawkins & Abrams, 2007). Understanding how to end this social exclusion is thus a key area of concern in homelessness literature and policy. Chapter 6 and Chapter 7 took a social identity approach to this question and examined how social identification processes operate within a homeless service context.

The first study (Chapter 6) focused specifically on multiple group memberships and service identification in predicting well-being and positive housing outcomes. Mediation analyses revealed that multiple group memberships and service identification while at the service (Time 1) both independently predicted social support while in the service and, crucially, after leaving the service

\[ \text{Time 2} = 2 \text{ – 4 weeks after leaving the service, or after 3 months if participants had not yet left the service. However, examining the analyses with only participants who had left the service showed the same pattern of results as presented in Chapter 6.} \]
belonging in the service, as this may be an important source of support that contributes to well-being, with the caveat that groups that do not provide support may be associated with negative outcomes.

Chapter 7 speaks to this recommendation by examining how a) aspects of the service environment (such as accommodation type, client type, and tenancy type) and b) perceptions of discrimination can promote or hinder two dimensions of service identification (staff identification and resident identification). The results of the multi-level model analyses revealed that the type of accommodation participants were residing in (i.e. whether it was a dorm/single room, on-site unit, or in-community house) was associated with ratings of staff identification, with participants in accommodation styles that allowed more autonomy and privacy (i.e. in-community housing) reporting higher levels of staff identification compared to residents of services that offered single rooms. Results also demonstrated that group-based perceptions of discrimination were related to identification; however the direction of the effect differed depending on the level of analysis. Greater perceptions of group-based discrimination at the service-level positively predicted individuals’ identification with staff, whereas greater perceptions of group-based discrimination at the individual level negatively predicted staff identification. We suggested that aggregate levels of group-based perceptions of discrimination at a service-level may highlight the shared identity with the service (Branscombe et al., 1999). Importantly, higher staff identification at Time 1 was associated with greater perceptions of service engagement 6 months later (Time 2), although it did not correlate with identification with residents or joining new groups at Time 2. Additionally, while we did not find any strong predictors of resident identification, greater identification with residents at Time 1 was associated with higher levels of new group memberships at Time 2, although it was unrelated to service engagement and staff identification.

**Social Support and Emotion Regulation**

The previous four studies focused on how social and structural factors were important predictors for well-being of clients in homeless services. The fifth empirical chapter extended this research by examining whether there is an interplay between individual level factors and these social factors. In particular, we examined emotion dysregulation, which has been viewed from an individual differences perspective as a trans-diagnostic risk factor for psychopathology (Gross, 2013; Werner & Gross, 2010). More recently, however,
interpersonal models of emotion regulation have emerged, which have examined the interplay between social context and emotion regulation. We did not find any evidence that emotion regulation moderated or attenuated the relationship between social support and well-being. However, as predicted, we found that emotion regulation and social support were closely intertwined and both variables had direct and indirect effects on well-being. Specifically, emotion dysregulation was associated with lower levels of social support, and through this, lower levels of well-being. The reverse mediation was also supported, whereby higher levels of social support predicted lower levels of emotion dysregulation, and emotion dysregulation partly mediated the effect of social support on well-being. We suggest that these finding are congruent with, and add to, the literature on the ways in which social support and group belonging can provide a psychological resource that people can draw on during times of stress (Jetten, et al., 2012). Based on these findings, we suggest that a bi-directional relationship exists between emotion regulation and social support. Possibly when individuals are able to more effectively engage in emotion regulation strategies, they are also better able to more effectively mobilise social support and use support to increase well-being (Dixon-Gordon et al., 2015). On the other hand, individuals who have a social supportive environment may have greater resources to engage in reappraisal emotion regulation strategies, as they have the social and subsequent psychological resources to cope with threats, which is likewise beneficial for well-being (Dixon-Gordon et al., 2015).

**Theoretical Implications**

Understanding homelessness necessitates an understanding of the interplay between individual, intergroup, and socio-structural perspectives. Overall, the combined results of the studies broadly supported the predictions derived from a Social Identity Approach. The implications of this are two-fold. First, it suggests that the Social Identity Approach can provide a valid theoretical framework to understand part of the social dynamics of homelessness. This is theoretically important, as the results of the current thesis extend our understanding of the applicability of social identity processes and well-being to one of the most disadvantaged and socially excluded populations in our society (Pleace, 1999). Although there is a large body of research examining social identity processes, the majority of this research has been conducted with socially normative populations, such as undergraduate students or workers in organisations (Haslam, 2004; Reicher et al., 2010; although see Best et al., 2014; Cruwys et al., 2014; Dingle et al., 2014). Homelessness, on the other hand, represents a loss of standing in mainstream society and exclusion from a number
of material, social, and cultural resources (Edgar et al., 2000; Fitzpatrick et al., 2012). Within this context people experience a range of complex health and psychosocial challenges. Our finding suggests that even under these conditions, a social identity approach can be useful to understanding the experiences of people who are transitioning through homelessness and promote better outcomes.

Second, the current thesis adds to the literature by providing evidence that this approach can be a viable and empirically testable model for taking a strength-based approach to examining homelessness. A large body of research has examined the causes of homelessness, and the risks and problems faced by people who are experiencing homelessness. Notwithstanding the importance of this research, it may minimise the strengths and positives in individual’s lives as they experience homelessness. The current results, however, suggest that rather than a focus on fixing individual dysfunction, we can examine how social context may play a role in breaking the cycle of homelessness and can use a social identity approach to make tangible and testable recommendations for policy. For example, the design of the homeless services, the language and practices engaged in by service providers, the broader cultural and political discourse and stereotypes surrounding homelessness, may all play a role in creating or breaking down barriers to exiting homelessness. Additionally, rather than seeing ‘homeless people’ as passive victims or homelessness as an all-encompassing identity (Parsell, 2012), taking a social identity approach allows us to investigate the range of identities that constitute how a person defines themselves. This may facilitate giving voice to the perspectives of people experiencing homelessness, a voice which has been argued to be missing in a large portion of homeless research and policy (Parsell et al., 2016; Somerville, 2013).

**Practical Implications**

This section will aim to summarise the practical implications of the current thesis and report the practice changes that have occurred within services. Specifically, the research findings have been disseminated to TSA QLD homeless services’ staff. As a result of this, the partner agency has reported they have seen changes in service delivery that put strong emphasis on social connection and the reduction of stigma. At the level of practice and service provision, the findings suggest that it may be important to examine the language and service provision practices, such as those requiring individuals to identify as homeless to utilise services. Policy and practices that do not take into account how an individual perceives their situation may reinforce stigmatised identities, and contribute to perceptions of
discrimination. This may create barriers to breaking the cycle of homelessness, through reduced perceptions of competency, reduced perceptions of achieving goals, and decreased social connectedness. One way to combat this is to introduce a person-centered or recovery approach to homeless policy, planning, research and services, such as examining consumer self-determination, choice, and agency (Barrow et al. 2007; Parsell et al., 2017; Tsemberis 2010). The partner agency for the current research (The Salvation Army) have consequently incorporated specific models of support recovery to their every-day practices. For example, support workers no longer specifically focus on exiting homelessness, but rather work collaboratively with service users to determine what their main goals are. Additionally, the intake process and language has been changed so that these processes are less stigmatising (e.g., no longer referring to individuals as ‘homeless people’, see Parsell et al., 2017 for a description of the model).

Our research also suggests that fostering positive identities within services may be a useful objective for service programs and policies to strive for. The findings of the current thesis suggest that strategies that build identification and facilitate the provision of social support in services might be an important step in breaking the cycle of homelessness. Services structured to promote group memberships and belonging may enhance social support and service engagement outcomes. One such attempt to implement this was conducted at a site of the research study. A large hostel-style service converted one of the floors to an area that allowed for more independent living, and the cafeteria was converted into a more open café style. Additionally, the residents now have a say in who their case-worker is, and physical barriers have been removed that used to separate service staff from service users. The idea beyond the changes is to undermine the categories of “service staff” versus “service users”, and the prominence of the homeless label, and to increase empowerment and belonging. Other changes to service delivery are not as tangible, but they are equally important. The language used to by the Salvation Army has changed significantly, with the aim of treating people as active agents of their life and members of society, rather than passive recipients of services.

Fostering positive social identities and social support may provide flow on effects to emotion regulation, stable housing outcomes, and well-being. Again, taking a recovery-focused perspective that examines a person’s needs holistically, rather than specifically focusing on housing goals, is one way this could be implemented at a practical level.

At a broader policy and political level, I propose the research suggests moving away from applying labels in a way that focuses on homelessness as an individual pathology and
working towards reducing the discrimination and stigma associated with being homeless at a broader social level. When individual problems are decontextualized it serves to obscure the role that social structures and social setting play in the creation and perpetuation of homelessness (Bullen, 2015; Sommerville, 2013). This may have the consequence that solutions to homelessness are focused on fixing the individual, rather than taking into account the social context in which people live.

Conclusion

When assessing the literature and engaging with people to disseminate these findings, it becomes clear that all too often the idea of who becomes homeless – in an immediate or distal sense – is conflated with why homelessness exists at all. The socio-political implications of how or why this state continues to exist, and indeed grow, in our society is beyond my ability to grasp or discuss in this thesis. However, it is important to discuss the issue of how we – as researchers, service providers, and policy makers – can work with people who are experiencing homelessness without pathologising them or their experiences. In examining the factors associated with risks of becoming, maintaining, or exiting homelessness, it can be easy to fall into the trap of blaming people for their homelessness or justifying the status quo.

The aim of the current thesis is to contribute to how we can create the conditions for a person to have a home. Although the necessary component to ending homelessness is very simple – providing a house – the broader need of providing a home is markedly more complex. The concept of ‘home’ extends beyond the physical space: it also encompasses social connectedness, support, safety, and stability. Being able to access and engage with these dimensions, particularly after facing conditions that produce homelessness, is difficult. The ideas presented in this thesis contribute to understanding of how we can focus on an individual’s well-being and strength, and how we can produce conditions that promote support and inclusiveness. In particular, ‘groupness’ interventions change the focus from being on an individual and the individual’s need to change, and instead focus on changing the social context that the individual is in.

Having access to safe and secure housing is a basic human right that is violated for people experiencing homelessness (Australian Human Rights Commission, 2008). However, homelessness is more than just housing. It is now broadly recognized that addressing homelessness also requires addressing the social exclusion aspect of homelessness that keep people in disadvantage and block full participation in all domains of life (Australian
Government, 2008). Although breaking the cycle of homelessness is a complex issue with many factors at the individual, service, and broader socio-political level contributing to housing outcomes, the findings demonstrate and reveal the importance of social factors in determining housing and well-being outcomes. We suggest that an understanding of the identities of people who are homeless may be particularly beneficial in advancing current responses to homelessness, as it is people’s identities that can serve as building blocks for psychological well-being and social inclusion.
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