



Values, Self-Mastery and Social Support in Homeless Contexts: Implications for Wellbeing and Social Integration

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Declaration of Authorship

The results presented in this thesis are based on my own research in the Department of Psychology, Royal Holloway, University of London. All assistance received from other individuals and organisations has been acknowledged and full reference is made to all published and unpublished sources used. This thesis has not been previously submitted for a degree at any other institution.

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Abstract

To identify whether psychological changes occur in the context of homelessness and potentially precede improvements in housing, a series of three mixed-method studies were conducted. These included an interview study with twenty homeless people, a cross-sectional study quantitatively comparing psychological differences between homeless and housed groups ($n=323$), and a longitudinal study exploring the relationship between psychological changes and subsequent changes in housing status for a mixture of both homeless and housed participants ($n=93$). The studies found that homeless people perceived changes in their values, self-mastery, mental health and social support related to their homelessness experiences. Homeless participants had higher conservation value preferences, and lower self-enhancement and self-transcendence value preferences, compared with housed groups. Homeless participants also reported significantly lower levels of self-mastery, mental health and perceived social support than housed groups. Psychological changes including increases in mental health, self-mastery and the importance of self-transcendence values, as well as decreases in the importance of openness-to-change values, were associated with later improvements in housing. The findings that homeless people quantifiably differ from housed groups in terms of their value preferences and sense of self-mastery, and that related changes in these factors over time are associated with improvements in housing outcomes for people suggest potential for psychologically informed support interventions.

Dissemination of Findings

The research aimed to provide psychological information that would not only advance our understanding of psychological theory in applied settings but also provide information that is useful in the design and delivery of support interventions for homeless people. To expedite this, the general public, support providers, homeless people and other researchers were engaged via various conferences, research forums, reports and other public engagement activities throughout the thesis study period. Details of these activities are as follows.

Conferences and Research Forums

Presentations of findings were made at two national and four international conferences, which enabled discussion of findings with the wider scientific community. Two further presentations were made to a UK-wide research network of homelessness researchers and heads of research at national charities (such as Crisis, St Mungos and Shelter). This enabled dissemination of findings to homelessness service providers that could directly influence their service structuring and thereby their clients. A complete schedule of presentations made can be found in appendix A.

Reports

Participating charities received a report including the justification, findings, and implications of the first study. This report was also distributed via Homeless Link which has more than 500 member organisations and advises the government on social policy. Three further bespoke reports of

quantitative and qualitative findings were prepared and disseminated to Pret Foundation Trust, St Mungos and the Stuart Low Trust. The latter trust helped secure additional funding for the charity's services.

Journal Articles

As will be discussed fully in the literature review, it is essential that more of the research conducted in the homeless community is published in publicly available academic journals. The majority of research in the United Kingdom is commissioned by charities and is often only published on their websites and produced with a vested interest. Given the amount of work required to ensure that papers are published in academic journals, it was decided to prioritise completing the thesis and then focus on publications following submission. The findings in this thesis have however already been incorporated in a large-scale systematic review examining the influence of socioeconomic status on decision-making conducted on behalf of the Joseph Rowntree Foundation (Sheehy-Skeffington & Rea, 2017).

Public Engagement

A presentation of the findings was made to the managers of Pret sandwich shops, who directly manage homeless people through their homelessness employment scheme. This enabled managers to engage with the findings, ask questions and consider how they may more empathetically support and motivate their previously and presently homeless employees. The findings were also presented in a two-hour seminar in a course in the MSc in Applied Social Psychology at Royal Holloway, University of London.

A study at the Royal Holloway, University of London Science Fair 2014 was conducted exploring the perceptions of the public of homeless people and whether positive portrayals could improve public perceptions. This raised the profile of homelessness research and helped the public reflect on their perceptions of homelessness.

A Twitter account was also set up for the research with the name 'Community Research' which could be found at '@homelessstudy'. The Twitter handle was later changed to '@_jessicarea' following negative feedback about the previous handle. The account was used to establish contact with charities, researchers and individuals and to keep them informed of progress of the research, key milestones and solicit participation in the study. News and events published by recruitment partners were also circulated through this account to further develop the relationship with the recruitment partners. At the time of thesis submission the Twitter account had 147 individuals and organisations following its content.

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Chapter 1: Introduction

Homelessness is a complex issue. The operational and conceptual definitions of homelessness differ according to region (Crisis, 2018). FEANTSA, the European umbrella organisation of service providers for homeless people, defines four distinct categories of homelessness (FEANTSA, 2014), namely rooflessness, houselessness, inadequate accommodation and insecure housing. Global research into homelessness focuses predominantly on people who sleep and live outdoors (roofless) and people in emergency sheltered accommodation or supported accommodation for the long-term homeless (houseless). When homelessness is discussed in the context of this thesis it therefore refers to roofless and houseless people, consistent with established research standards.

Homeless people are portrayed as different and often inferior to the housed public. They are the subject of ridicule and punitive control, as well as sympathy and support (Hodgetts et al, 2005). But, in reality, how different are homeless people from the majority of the population? Homelessness is a pervasive social issue that has been in the realm of social policy and housing researchers and economists for the last several decades. It is a global phenomenon that has existed for at least 500 years (Wardaugh, 2000).

There are significant resources allocated to the prevention of homelessness, and the restoration of homeless people to wider society, with more than 500 different homeless organisations formally engaging with the homeless community in the UK. Related services cost the UK around £1

billion per annum (National Audit Office, 2005). It is clear that the present efforts are not fully effective at preventing homelessness or permanently restoring homeless people to housing. Chronic or long term homelessness has been associated with increased rates of mental health issues (Folsom, 2002; La Gory, Ritchey, & Mullis, 1990) and increased social isolation even following rehousing (Tsai, Mares, & Rosenheck, 2012). It has also been suggested that people who remain homeless may turn to synthetic cannabinoids receptor agonists (a class of over 500 drugs known in the UK collectively as ‘spice’) as a cheap, potent and more socially acceptable drug to alleviate the stress of homelessness (Gill, 2018). While the reporting of spice usage in the UK media has been criticised as being over exaggerated (Alexandrescu, 2018) a study found that being homeless was a stronger correlate of admittance to a clinical psychiatric hospital in New York for usage than age, gender and race (Joseph, Manseau, Lalane, Rajparia, & Lewis, 2017). It is concerning that some homelessness support services have reportedly stopped attending sites where spice use is prolific due to concerns over staff safety (Devlin, 2017). It is clear that homelessness has immense human, economic and social repercussions and that new avenues of research enquiry and intervention design need to be explored.

Historically, research in the homeless community predominantly focused on structural factors associated with homelessness such as defining socio-economic exclusion factors (Bonner et al, 2009; Fitzpatrick, Johnsen & White, 2011), sourcing additional housing (Quilgars, Fitzpatrick & Pleace, 2011) and better coordination of services (Brown et al, 2010; Dwyer et al, 2010; Dennis et al, 1991). While socio-economic factors such as housing

shortages, unemployment and associated social exclusion are very relevant to addressing issues associated with homelessness, they do not provide the complete picture. For example, relationship breakdown is acknowledged within the research community as a preceding factor involved in homelessness. However there has been little focus on understanding this from a psychological perspective and developing psychologically informed interventions (Forty, 2008). In fact, the most recent UK research into the antecedent and associated factors of homelessness at the inception of this thesis overlooked this area completely (Fitzpatrick et al, 2011).

Homelessness research tends to focus on a very narrow section of the homeless community such as elderly men (Proehl, 2007), people with mental health issues (Bokszczanin, Toro, Hobden, & Tompsett, 2014), youth (Petering, Rice, Rhoades, & Winetrobe, 2014) and veterans (Metraux, Stino, & Culhane, 2014). While the results of these studies are useful and often fit for the aims of the research objectives, they do not offer insight into issues that can be generalised to the situation of homelessness. It is important that in order to understand the context of homelessness, research extends to include as diverse a sample as possible.

While more psychological studies have been published in recent years, discussed in the literature review, there are few quantitative control-based studies. The literature outside of mental health indicators is also fairly limited (Spicer et al, 2015). The fragmented nature of the research limits our understanding of the broader homeless community.

Thesis overview

This thesis aims to address the gaps in the literature by conducting quantitative, longitudinal and control-based studies that assess selected psychological factors and experiences of as broad a sample of homeless individuals as possible. Homeless people report consistently lower subjective quality of life than housed participants (Hubley, Russell, Palepu, & Hwang, 2014). The World Health Organisation (2018) defines quality of life as “...*an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment.*” It follows that the examination of the values, psychological state (depression and anxiety), personal beliefs (self-mastery) and social relationships of the homeless community included in this thesis will not only provide an insight into quality of life, but hopefully provide an indication of how quality of life can be improved for homeless people beyond providing housing.

A thorough review of the literature on homelessness and psychological factors over the last 20 years was conducted and is presented in the following chapter of this thesis. A quantitative-dominant mixed-method approach was chosen as the basis for balanced and participant-informed empirical enquiry. Full details of the methodological considerations including research design, evaluation of research techniques, ethical considerations, measurement selection rationale and planned analyses are

provided in the methodology chapter of this thesis with supplementary content provided in the appendices.

The first empirical study was an interview-based study which is presented after the methodology chapter. It was conducted to inform the quantitative measurement selection, formulate hypotheses in conjunction with the findings of the literature review and provide context for interpretation of quantitative findings. During the semi-structured interviews, twenty homeless people were asked about what became more, or less, important to them throughout their experiences of homelessness. A theoretical thematic analysis framework was used for identifying themes related to theoretical areas of interest while allowing for emergent themes. Findings suggest that regardless of other contextual factors, such as substance or mental health issues, a breakdown of peoples' support network consistently precedes experiences of homelessness. Participants perceived changes in what was important to them (values) related to homelessness experiences with additional themes emerging of reduced self-mastery, reduced mental health and mistrust of support networks. The findings of perceived reductions in self-mastery, mental health and social support as a result of homelessness experiences reflect the wider qualitative literature. The values related findings were novel and were used to inform hypotheses for the quantitative studies.

The second empirical study was a cross-sectional questionnaire study which gathered a sample of 1008 homeless and housed participants. There are very few quantitative control based studies that make direct comparisons between homeless and housed groups on psychological measures and this

study addresses the gap in the literature. Following the findings of the interview study, participants were compared on measures of values, self-mastery, mental health, social support and trust. Homeless participants showed higher conservation value preferences, and lower self-enhancement and self-transcendence value preferences compared with housed groups. Homeless participants also reported significantly lower levels of self-mastery, mental health and perceived social support than housed groups which provides quantitative support to qualitative findings in the literature. The significant differences found between homeless and low socioeconomic status groups show that homeless people appear to be dealing with a unique set of material and psychological circumstances which result in a unique psychological profile. Comparisons within the 431-person homeless sample showed that values and mental health differences were also present depending on whether participants were homeless for the first time, recurrently homeless or previously homeless. This finding holds methodological implications as it shows that studies which have used previously homeless participants as their homeless sample (e.g. Bramley & Fitzpatrick, 2018) may only represent that particular group. Furthermore, homeless participants that were more inclined to trust others also perceived more social support.

The research culminated in a longitudinal study which found that quantitative psychological changes were associated with becoming homeless, remaining homeless or leaving homelessness. The findings that homeless people quantifiably differed from housed groups in terms of their value preferences and sense of self-mastery in the cross-sectional study, and that related changes in these factors over time are associated with improvements

in both housing and employment outcomes for people in the longitudinal study, addressed the aims of this thesis and also suggest exciting potential for psychologically informed interventions to support homeless people back into housing.

The integrated findings of the three empirical studies are discussed in the context of the literature within the general discussion chapter of this thesis. The methodological limitations and related insights are also discussed in the general discussion. Recommendations are made for intervention design and suggestions are made for further empirical enquiry. The thesis concludes by considering the role of the findings within the context of the wider socioeconomic climate.

Chapter 2: Homeless Psychology - A Literature Review

Homelessness is a global phenomenon that has existed for at least 500 years (Wardaugh, 2000). While there is no national record of the number of homeless people due to differences in classification and difficulties recording 'hidden' homeless people (Crisis, 2018) there are estimated to be 320,000 homeless people in Britain, an increase of 17,000 people on the previous year (Shelter, 2018a). Over 500 different homeless organisations formally engage with the homeless community in the UK (Homeless Link, 2012) and homelessness related services cost around £1 billion per annum (National Audit Office, 2005). This figure likely underrepresents fiscal costs as it does not account for indirect costs to government of homelessness including healthcare and benefit costs (Ministry of Housing, 2012). Local councils in the UK spent £851m on temporary housing alone in 2015 (Buchanan, 2016). Although there are significant resources allocated to the prevention of homelessness and the restoration of homeless people to wider society, present efforts are not effective as homelessness is on the rise. While estimations and measures vary, what is clear is that homelessness is a widespread, pervasive and costly social issue, with immense economic and social repercussions.

Background

Social exclusion identifies people affected by homelessness as dealing with a dynamic process that involves more than financial poverty, broadening the context of homelessness beyond economic factors to reflect relational

issues that affect social participation (Room, 1995). These include both structural factors that perpetuate economic deprivation by making access to resources more difficult and social marginalisation that happens from breaking with the apparent norms of society (Norman & Pauly, 2013). A comprehensive review of the multiple factors that contribute to social exclusion and are associated with homelessness has been conducted within the UK (Fitzpatrick et al, 2011). Overlap between a number of factors was found with 47% of the 1,286 respondents interviewed reporting that they had experienced Homelessness, Institutional Care (including foster, mental health and offender institutions), Substance Misuse (including drugs and alcohol) and Street Culture Activities (including begging, theft and street drinking). Research into the contribution of these particular correlates of homelessness continues in a fairly piecemeal fashion with investigation focussed on efforts to support those experiencing these particular factors, irrespective of their homeless status, dominating academic enquiry (Brindley, Heyes, & Booker, 2018). Relationship breakdown is acknowledged within the research community as a preceding factor involved in homelessness (Stein, Grella, Conner, & Gelberg, 2012), however there has been little focus on understanding what psychological mechanisms may underlie this.

There is a large body of research into homelessness. Comprehensive literature reviews are essential for the consolidation of the largely piecemeal literature, however these are scarce. The most recent in-depth review of the broad literature published on homelessness was written by Toro (2007), in which he compares the literature of the US to other developed nations including the UK, Europe, Australia and Japan. He admits that the literature

is fairly under-represented outside of the US, UK and Australia. Toro also uses the review written by Philippot (2007) as the basis of his review of European literature, while Philippot's (2007) review cites Toro's (2007) work as a source of information on the literature in the US. Philippot (2007) examined the psychological literature in Western Europe between 1970 and 2001. One of the greater challenges mentioned in their reviews, which very much still applies, is that research on homelessness in Europe has often been provided by non-academics, or academics working on behalf of a charity or other third party funding agency. These articles and reports often employ qualitative methods and are published in sources such as charity websites or within particular forums and networks that are not widely or readily available. In the European review 98 works were identified with over half representing research from the UK and France. A criticism which they both make of the literature in general is the lack of quantitative studies and comparison groups, two areas which continue to be lacking and this thesis aims to address. As these reviews were published over 10 years ago and included content from nearly 20 years ago, a more recent and comprehensive literature review was needed to provide a broad overview of psychological literature conducted with homeless participants to date, review gaps in the literature and discuss findings that indicate how this population can best be supported back into the wider community.

Homelessness Definition. The operational and conceptual definitions of homelessness differ according to region (Crisis, 2018), and providing a universal definition for homelessness is beyond the scope of this paper. The

issue of defining homelessness gains an additional level of complexity because there are usually legal and welfare-related implications. In the UK, Europe, United States and other nations, issues such as the duration of homelessness, the specific quality of housing and overcrowding affect the definition. The legislative definitions tend to be specific to a particular country. UK housing policy makes two important distinctions in the definition of homelessness: those people who may be accepted as homeless for the purpose of receiving State assistance and; how those eligible for assistance may be organised in terms of the severity of their housing needs (Thomas, 2010). The Housing Acts circulated in 1977 and 1996 outline criteria for statutory homelessness, or accepted conditions that must be met to qualify for housing assistance. A person is classified as legally homeless in any of the following circumstances: having nowhere to live; having mobile accommodation like a caravan, but no place to keep it; having accommodation that cannot be entered; having accommodation but not being able to remain there due to violence, threats, overcrowding, and financial issues; or someone who is likely to become homeless within the next 28 days. In addition local housing authorities need to determine whether people seeking housing assistance fall into the eligible and priority needs category. Eligible categories largely require that the individual meets the definition of homelessness outlined in the Housing Acts, is a citizen of the UK and is not under consideration for immigration classification. Priority categories include those with a physical or mental disability. However it is worth noting that status classification is largely left at the discretion of the individual officer to determine and is fraught with subjective inconsistency (Pleace,

2013).

European classification of homelessness identifies four distinct categories (FEANTSA, 2014). *Rooflessness* is the most visible form of homelessness and includes people who sleep and live outdoors and who are characterised by chaotic or unsettled lifestyles. *Houselessness* refers to people who may be in emergency shelter accommodation or long-term institutions because there is inadequate support or accommodation in the community. This type of homelessness refers as much to the lack of housing as it does to the lack of social support aimed at facilitating social integration (Meert et al, 2004). *Insecure housing* refers to people living in threatening circumstances such as victims of domestic violence. *Inadequate accommodation* refers to people that are living in accommodation which is unfit for habitation. People in insecure housing and inadequate accommodation are often referred to as the 'hidden' homeless as they are not as easily identified. Homeless researchers typically study people that have experienced the aforementioned FEANTSA defined categories of rooflessness and houselessness, as the people are visibly homeless and therefore easier to access. In this thesis, when reference is made to homelessness it refers to the roofless and houseless individuals predominantly targeted by homeless researchers. Individuals that have not declared that they are homeless, as in the FEANTSA houseless and roofless definitions, will automatically be counted as a part of a housed control group.

Literature Review Methodology

Search. A preliminary search for the word ‘homeless’ in journals and articles available in all libraries under the EBSCO Host research database between the 1950s and 2012 produced 17,600 articles. A review of the abstracts of the first 400 articles revealed that the bulk of the articles focused on homeless youth, the mentally ill, veterans and women. The majority of published research on homelessness and homeless issues was generated from Australia and America. A further systematic search and review of the literature, broadly aligned with the Campbell review principles (Davies & Boruch, 2001), was then conducted. The search happened in two stages, the first included literature between 1999 and 2012 and was used to scope the existing literature on homelessness and inform the research design of this thesis. The second stage included literature published between 2012 and 2018 and was used to ensure that all recent and relevant literature published relating to the topics within this thesis had been included.

In the first stage, searches of Academic Journals published in the entire EBSCO ‘Psychology and Behavioural Sciences Collection’ between 1999 and 2012 was conducted pairing the word ‘homeless’ with each of the eleven related concepts identified to encompass risk factors associated with homelessness (Fitzpatrick et al, 2011; Homeless Link, 2012), addiction, mental health and interventions. As the concern of the present research is to identify the psycho-social factors involved in perpetuating chronic and repeat homelessness, specific search terms such as ‘learned helplessness’ were included. Details of each of the search terms that were paired with the term

‘homeless’ and the number of unique results contributed to the library by each search pairing can be found in table 2.1.

Table 2.1 EBSCO Host Search Terms with Homelessness in Academic Journals published in the entire Psychology and Behavioural Sciences collection between 1999 and 2012

<i>Search Term</i>	<i>Number of Journal Articles</i>	<i>Number of duplicate search items</i>	<i>Number of relevant articles</i>
Risk	119		119
Addiction	100	25	75
Mental Health	399	106	293
Social Exclusion	23	12	11
Social Support	109	51	58
Learned Helplessness	3	3	0
Self Esteem	19	12	7
Self Mastery	18	2	16
Individual Intervention	182	120	62
Group intervention	191	185	6
Social Intervention	16	16	0
Total number of included articles			647

Following the methodological formulation of the study, and the data gathering phase, a further search of the literature was conducted to ensure that all recent and relevant publications to this research, between 2012 and 2018, were captured. A separate search pairings for ‘homeless’ with terms for literature reviews, depression, anxiety, emotional support, practical support, social support, learned helplessness, self-mastery and values was conducted across Scopus, EBSCO and Web of Science. Details of each of the search terms and number of unique results additionally contributed to the library can be found in appendix B. Truncated Boolean (e.g. ‘depres*’ for depression) and related search terms (e.g. ‘personal control’ for self-mastery) were

included to ensure all related content could be found.

Additional grey literature (i.e. unpublished studies) was sourced by conducting ProQuest and British Library thesis searches as well as general Google searches to ensure that related unpublished literature and relevant charity published papers were found. Relevant content from homelessness research forums and conferences attended between 2012 and 2018 have also been included where relevant.

Screening, Filtering and Archiving. Following the searches, all the references were imported into EndNote. The first review of papers between 1999 and 2012 contributed 647 articles and the second review of papers between 2012 and 2018 contributed 2,581 additional articles.

Screening. Titles were searched and duplicate papers, papers published outside of the date search range, studies on non-homeless and non-human samples were removed. Articles focused on the treatment of HIV, tuberculosis, traumatic brain injury, nutrition management and engagement of health services (except of mental health services) were also removed. Although those living in poverty may be more vulnerable to the impact of natural disasters, and similar psychological operands may alleviate stress regardless of how an individual becomes homeless (Paidakaki, 2012), studies on people experiencing homelessness following a natural disaster were excluded. The social context of those facing homelessness as a result of natural disasters is different. Homelessness following a natural disaster is often experienced alongside ones' existing community and the homeless

person's support network are therefore more likely to be able to empathise with the circumstances, experiences and obstacles being faced. In addition, those facing homelessness as a result of natural disasters are also more likely to be viewed as victims rather than instigators of their circumstances by wider society and therefore experience more empathetic treatment and support from strangers. Individual psychological changes that may occur in the lead up to experiencing homelessness for survivors of natural disasters may be different too, as people often find themselves transitioning from their stable and familiar lifestyles into the situation of homelessness almost immediately in the case of natural disasters. It was further believed that event-related trauma may be more salient for people facing homelessness as the result of a natural disaster, thereby impacting the psychological changes one may observe.

Filtering Phase 1. Abstracts were reviewed and content that met the previous exclusion criteria or were clearly not related to the construct as a result of the Boolean search importing irrelevant material were removed.

Filtering Phase 2. Full papers were downloaded and read. Papers where the content did not meet previous exclusion criteria were removed. Papers were also removed where participants were visibly under the influence of drugs or alcohol at time of participation; statistical analysis had been conducted on groups of under 15 people; or where variables of interest were measured but not reported.

Final list. There were 475 articles remaining following the screening

of articles between 1999 and 2012, and 143 articles following the screening and filtering applied to the articles found between 2012 and 2018.

Analysis. As part of the initial review, the 475 articles found between 1999 and 2012 were imported into NVivo in order to create a library of the literature that allowed coded qualitative analysis to be conducted on the literature as a whole. NVivo is a market leading qualitative analysis software and is recommended for use in literature reviews because it enables coding and analysing relationships between large amounts of qualitative data. The literature was then coded by Author, Publication Year, Demographic Group and topical Associated Factors. Matrix coding queries were then conducted to explore the relationships of these factors.

The ten most relevant studies to this thesis were selected from the literature and brief summaries of these studies can be found in table 2.2 at the end of this chapter.

Findings

While there is representation in the literature from homeless people across the globe, particularly since 2012, the vast majority of published studies are conducted in the US. Homelessness research tends to split into demographic characteristics and specific associated factors. As noted in other reviews (Toro, 2007, Thomas, 2010), there are three distinct demographic categories including homeless single adults, homeless families, and homeless youth. Homeless literature tends to focus on several recurring themes

including institutionalisation, mental health and substance abuse. These themes align with factors that contribute to, and are associated with, homelessness (Fitzpatrick et al, 2011). Other significant predictors of homelessness include having a personal or family history of mental disorders (Tripathi et al., 2013) and being without an income and having no existing spousal relationship (Ran, 2006; Bramley & Fitzpatrick, 2018).

It should be noted that the databases searched in this review look specifically at psychological and behavioural research over the last 20 years. It is therefore unsurprising that the largest number of articles found in this search were published on the topic of mental health. Other topics researched on homelessness include associated structural factors such as defining socio-economic exclusion factors (Bonner et al, 2009; Fitzpatrick et al, 2011), sourcing additional housing (Quilgars, Fitzpatrick & Pleace, 2011) and better access to, and coordination of, services (Brown et al, 2010; Dwyer et al, 2010; Dennis et al, 1991; Halldin, 2001; Lamanna et al., 2018; Salize, 2001; Tillotson & Lein, 2017).

It is important to remember that reviewing and discussing all research published about homelessness is beyond the scope of this chapter. However a review of literature reviews can illustrate whether there have been any areas of consolidated focus or synthesised learning. While there has not been another examination of the broad literature on homelessness since the Toro (2007) and Philippot (2007) papers, there have been a tremendous amount more literature reviews on the topic of homelessness in recent years, with 44 reviews being published between 2012 and 2018.

The reviews have continued to focus on specific methodological

issues of conducting research with homeless samples (Benston, 2015; Herbers & Cutuli, 2014) and sub-sects of homelessness people such as homeless youth (Haber, 2004; Kamieniecki, 2001; Woan, Lin, & Auerswald, 2013) with special attention on LGBT homeless youth (Ecker, 2016; Maccio & Ferguson, 2016; Shelton, 2015), veterans (Byrne, Montgomery, & Dichter, 2013), the elderly (Grenier et al., 2016); and families (Haskett, Loehman, & Burkhart, 2016; Narayan, 2015; Perlman, Cowan, Gewirtz, Haskett, & Stokes, 2012);

Approaches to supporting those facing homelessness is another theme found in the reviews. These include reviews on homelessness intervention strategies (Bassuk, DeCandia, Tsertsvadze, & Richard, 2014; Zlotnick, Tam, & Zerger, 2012), prevention services and rehabilitation programmes for mentally ill homeless people (Dickey, 2000; Fakhoury, 2002), case management approaches (de Vet et al., 2013) and social policy and subsidy allocation (Shinn, 2007). A few reviews published by the same authors have focused on risk-related aspects of life for homeless people including family and peer protective and risk factors to physical violence (Heerde & Hemphill, 2014, 2018; Heerde, Hemphill, & Scholes-Balog, 2014) and sexual behaviour (Heerde & Hemphill, 2016, 2017).

It became apparent whilst reviewing the recent literature that the evidence and interest in the role of intimate partner violence as a precursor to the event of female homelessness and resultant psychological distress and trauma (e.g. Crisafi & Jasinski, 2016) continues to grow. There also continues to be a tremendous number of studies being published with regards to children aging out of foster care and transitioning into homelessness (e.g. Patterson, Moniruzzaman, & Somers, 2015). Recent literature also examines

the interrelationships between homelessness contributing to the likelihood of reoffending and offenders losing their accommodation while incarcerated, resulting in homelessness (e.g. Jones, 2012). These appear to be areas where literature reviews may be useful at consolidating available evidence.

Several systematic reviews have been published since this research project commenced indicating that people experiencing homelessness have definite social and mental health needs outside of housing. Two systematic reviews of homeless youth found that levels of mental health in 9 studies (Medlow, Klineberg, & Steinbeck, 2014) and prevalence of psychiatric disorders in 45 studies (Norman & Pauly, 2013) were higher in the homeless sample than the general population. Recent reviews have found that homeless children as young as preschool showed significantly higher levels of mental health problems than their non-homeless peers, with the delta increasing as children become older (Bassuk, Richard, & Tsertsvadze, 2015). Others have found that, although cognitive functions are lower in homeless children than non-homeless children (Fry, Langley, & Shelton, 2017; Pratt, 2015), creativity emerged as a potential strength (Fry et al., 2017). Given the growing evidence of psychological associations related to homelessness, there remains little evidence of developing psychologically informed interventions which may apply to more than a subset of the homeless community (Forty, 2008). For example, in recent years there has been a growing focus on the prevalence and impact of traumatic brain injury (e.g. Topolovec-Vranic et al., 2017) and cognitive impairment (e.g. Barbara Van Straaten et al., 2017) on homeless people's support needs, ability to remain housed and exit homelessness. This direction of enquiry is promising and

while it provides insights into better potential support strategies for homeless people affected, it does not offer solutions beyond the affected population.

Mental Health. Mental health issues are more prevalent among homeless people than non-homeless people across the globe, including: Canada (Krausz et al., 2013), the US (Bender, Thompson, Ferguson, Yoder, & Kern, 2014), Mexico (Castaños-Cervantes, Turnbull, & Aguilar-Villalobos, 2018), the UK (Hodgson, Shelton, & Van Den Bree, 2015), Hungary (Braun & Gazdag, 2015), Australia (Spicer, Smith, Conroy, Flatau, & Burns, 2015) and Japan (Nishio et al., 2015). Mental health, and conversely illness, is one of the most widely researched areas in homelessness and homeless psychology and some argue that this is an area that is vastly overrepresented in the homelessness literature (Spicer et al, 2015).

The majority of articles that are published about mental health in homelessness review: the mental and physical health needs of homeless people and related service provision (Baggett, 2010; Abdul-hamid, 1997; Gordon, 2007); and the access to, and coordination of, services which was said to be insufficient (Craig, 2000; Salize, 2001). A more proactive and targeted approach was recommended (Yin-Ling, 1999). It is worth noting that the majority of these studies were conducted in the US where healthcare provision is not as freely available as in the UK. A study conducted in Belfast noted that, although there was a very high demand for mental and other health support for homeless people, any gap in service provision may be accounted for in homeless individuals' reluctance to accept professional help (McGilloway, 2001). Researchers in Australia found that services users with

psychosis were not taking up service provision and that many reported feeling socially isolated and unsafe (Herrman, 2004). Moreover, the longer the previous duration of homelessness was, the shorter the time homeless people engaged with the service (Holmes, 2008).

Studies comparing homeless mental health service users with non-homeless mental health service users found that homeless patients were more symptomatic and behaviourally disturbed than non-homeless mentally ill (Cougard, 2006) and were significantly more likely to have substance use (Amore & Howden-Chapman, 2012; Prinsloo, Parr, & Fenton, 2012) and criminal histories (Commander, 2001). Other studies look at correlates of specific mental health issues, such as PTSD (Bender et al., 2014) which was found to correlate with alcoholism, mania and low self-efficacy (Bender, 2010; Cauce, 2000).

Schizophrenia is prevalent in homeless populations (Foster, Gable, & Buckley, 2012) and is a popular topic with mental health researchers. A review of literature on schizophrenia in homeless people published between 2000 and 2012 identified 33 published reports, from eight different countries, and found that prevalence of schizophrenia within the homeless population was higher in young people, women and chronically homeless people (Folsom, 2002). A study in China reviewed the prevalence of homelessness in a pre-identified population of schizophrenics after a 10 year follow up period, and found that nine percent had become homeless (Ran, 2006). However a more recent systematic review, of long-term psychiatric patients who had been discharged to make space in their institutions, found that the presumed link between deinstitutionalised patients and homelessness was

relatively weak (Winkler et al., 2016) even though 48 – 100% of patients had schizophrenia and the study included 23 studies of globally represented samples. They did however acknowledge that missing data points from follow-up may account for the low representation.

While critics may argue against the prevalence of mental health research in homelessness research, it has surely contributed to the development and widespread uptake of ‘Housing First’. Housing First provides homeless people with rapid access to permanent housing alongside integrated treatment, rehabilitation and support services (Ly & Latimer, 2015) including psychiatric support (Aubry, Nelson, & Tsemberis, 2015). This demonstrates the tremendous strides taken since early findings showing supported housing as an intervention for mentally ill homeless people improved their quality of life (Odell, 2000).

Depression and Anxiety. Depression is characterised by persistent feelings of sadness, loss of interest in activities previously enjoyed, sleep problems, restlessness and difficulty concentrating. Several factors play a role in depression including biochemistry (e.g. serotonin levels), genetics, personality and environmental factors, including poverty (APA, 2015).

A study conducted at social services sites in the US found that participants with higher levels of depressive symptoms were older, had a history of homelessness, had more health problems and had a history of mental illness. A sub-analysis indicated that individuals who had experienced homelessness at or before age 21 had higher levels of depressive symptoms than those who were first homeless as an adult. (DeForge, 2008). Those who

have experienced family maltreatment (Lim, Rice, & Rhoades, 2016), have lower social ties (Fitzpatrick, Myrstell, & Miller, 2015) and utilise avoidant coping (e.g. isolating oneself and drug-taking) strategies (Brown, Begun, Bender, Ferguson, & Thompson, 2015) have also been found to have higher levels of depression. Being exposed to more traumatic stressors (Lim et al., 2016) and hassles (Fitzpatrick et al., 2015) during homelessness has been found to be associated with higher levels of depression. While depression had the highest correlation with suicidal ideation in a sample of Japanese homeless people. Street homelessness and low perceived emotional support were the only other significant correlates when controlling for the variance of depression (Okamura, Ito, Morikawa, & Awata, 2014). Alcohol and drug abuse has also been found to significantly increase suicide risk among older (over 40 years old) homeless people with mental illness, while 30 - 39 year old clients are at greatest risk of suicidal behaviour (Prigerson, 2003). Maintaining optimism has been shown to be associated with lower levels of depression and anxiety (Fitzpatrick, 2017b).

Anxiety is a feeling of unease, worry or fear that triggers the release of hormones such as cortisol and adrenaline which can in turn cause physical symptoms such as heart palpitations, shortness of breath, feeling faint or an upset stomach. Additional indicators of anxiety include difficulty concentrating and sleeping, irritability and feeling on edge (NHS, 2015). The literature predominantly focuses on traumatic experiences faced by those who are homeless, such as childhood experiences of sexual and physical abuse (Keane, Magee, & Kelly, 2016), resulting in lifetime PTSD which can be exacerbated by stressors related to homelessness (Whitbeck, Armenta, &

Gentzler, 2015) and co-occurring issues of drug dependence. Homeless women reported higher levels of anxiety than homeless men (Tyler, Schmitz, & Ray, 2018; Winetrobe et al., 2017). The attrition analysis of a recent study of 150 homeless youth revealed that people with higher levels of anxiety were more likely to drop out of their study (Tyler, Schmitz, & Ray, 2018). While a study conducted with homeless drug users in England found that their romantic relationships ameliorated their anxieties (Stevenson & Neale, 2012).

Anxiety and depression are pathologised slightly differently depending on the diagnostic paradigm. The two major diagnostic guidelines being the DSM-5 (APA, 2013) and the ICD-10 (WHO, 1992). Both of these manuals recognise that psychopathology operates on a continuum, with binary diagnosis being given on the basis of thresholds for practical reasons. The term ‘mental health’ will be used in this thesis to describe overall levels of depression and anxiety, where people with high levels of both depression and anxiety will be characterised as having low levels of mental health. The practice of using the term mental health interchangeably with anxiety and depression is established in the literature (e.g. Gilroy et al., 2014). Approaching these aspects as a continuum is important as we know that anxiety; depression and stress factors impair economic productivity (Thompson and Gomez, 2014) and physical health (Shen et al., 2011) even at non-clinical levels. In contrast to findings with general samples, religiosity was not found to be a protective factor against depression and anxiety in homeless samples (Fitzpatrick, 2017a; Panadero, Guillén, & Vázquez, 2015) which suggests that there are different factors influencing homeless people’s mental health. Particular importance should be placed on contextualising the

specific situation of homelessness. The importance of context was highlighted in a recent study that found that although women living in poverty were more likely to receive a diagnosis of generalised anxiety disorder; secondary analysis showed that anxiety in poor mothers is not psychiatric but a reaction to severe environmental deficits (Baer et al., 2012).

Homeless people expressed a loss of identity and personhood during their experience of homelessness (Riggs & Coyle, 2002). Homeless experiences are associated with feeling isolated, rejected, alienated and lacking a safe space for psychological belonging (Cherner, Aubry, & Ecker, 2017; Riggs & Coyle, 2002). The above studies indicate a prevalence of mental health issues prior to and during homelessness which are associated with social isolation. As there was no follow-up to this research, it is unknown how sustained these feelings are. Taking the continuum approach, comparisons will be made between groups on levels of mental health and predictors of increased mental health will also be explored. Replicating previous findings (Bender et al, 2014; Braun & Gazdag, 2015; Castaños-Cervantes et al, 2018; Hodgson et al, 2015; Krausz et al., 2013; Nishio et al, 2015; Spicer et al, 2015), it is hypothesised that homeless participants will have lower levels of mental health than housed groups. However unlike previous research, which compares homeless samples' scores against scores from previous standardised test publications (Bender et al, 2014; Braun & Gazdag, 2015; Castaños-Cervantes et al, 2018; Hodgson et al, 2015; Krausz et al., 2013; Nishio et al, 2015; Spicer et al, 2015), this thesis will gather data from groups on the same questionnaire format over the same period of time. Crucially, measurement invariance tests will be conducted to ensure that

groups understand the tests in the same way. These are important methodological steps missing from the literature and should reduce any confounds potentially amplifying or reducing observed differences. It is further hypothesised that first occasion homeless individuals will have higher levels of anxiety as they are more likely to experience stress (Whitbeck et al, 2015) related to their circumstances than chronically homeless individuals. It is anticipated that people that have been homeless for a long time may have adjusted to the circumstances of homelessness, however feel the effects of these circumstances more deeply. Chronically homeless individuals are therefore anticipated to have higher levels of depression, in support of previous findings (La Gory et al, 1990).

Psychosocial Perspectives

The exploration of homeless culture has predominately been the realm of social policy makers and economists, with the social psychological perspectives incorporated into their research involving psychological theories from the middle of the last century with little empirical research (Ravenhill, 2008). Although previous research into the antecedent and associated factors of homelessness in the UK entirely overlooked this area (Fitzpatrick et al, 2011), the most recent reviews have recognised that social support networks may offer a protective characteristic to those experiencing homelessness (Bramley & Fitzpatrick, 2018; Fothergill, Doherty, Robertson, & Ensminger, 2012).

Social Support. Social support is the emotional, instrumental, and financial help available from one's social network (Berkman, 1984; Toro, 2008). Homeless families in Singapore characterised the experience of homelessness as lacking in social support (Teo & Chiu, 2016). Lower perceptions of social support are associated with lower levels of psychological well-being (Fitzpatrick, 2017b; Toro & Oko-Riebau, 2015; Van Straaten et al., 2018; Walter, Jetten, Dingle, Parsell, & Johnstone, 2016; Wright, Attell, & Ruel, 2017) and greater suicidal ideation (McLaughlin, 2012) in homeless people. However despite the apparently overwhelming evidence that social connection is linked with better mental health, further investigation reveals that this is a complex relationship. In a comparison study between Polish and American homeless people, Polish homeless people had less satisfying relationships with their support networks but they also reported less contact and fewer psychiatric symptoms (Toro, Hobden, Wyszacki Durham, Oko-Riebau, & Bokszczanin, 2014). Homeless women are geographically closer to (Kimbler, DeWees, & Harris, 2017) and have increased contact with their support networks (Zare, 2016) than men, however they also report less social support and higher levels of anxiety (Tyler, Schmitz, & Ray, 2018). These findings illustrate that social contact does not equate to social support and may explain why social coping (i.e. leaning on others for support) does not have a significant relationship with levels of depression (Brown et al., 2015) in homeless samples.

At the outset of this thesis, it was believed that results of studies measuring the relationship of social support to wellbeing within the homeless population had been inconsistent due to the use of inconsistent and unreliable

measures (Toro, 2008) however more recent evidence suggests that the quality and type of support received better explains variation in findings.

Quality of support. Evidence indicates that quality of contact can determine whether outcomes are better or worse for homeless individuals. In families, for example, higher levels of perceived social support was associated with lower prevalence of lifetime homelessness (van der Laan et al., 2017) however poor familial relationships were associated with returning to the shelter after leaving as well as doing so more quickly than other returners (Duchesne & Rothwell, 2016). While there is a tremendous amount of evidence that homeless people report feeling a lack of social support, there is an absence of control based studies to ascertain the magnitude of this difference, if any, compared with people that are not experiencing homelessness. This thesis will make direct comparisons between homeless people and housed people on the same social support measures. It is hypothesised that homeless people will perceive lower social support (quality) than the control samples and that chronically homeless people will have lower social support than first occasion homeless people. The evidence of support from various sources of support will now be discussed but it is hypothesised that higher perceived social support (quality) rather than greater frequency of contact with support resources will determine more positive outcomes for homeless people over time regardless of the source.

Family. Evidence suggests that familial relationships are particularly complex within the context of homelessness. Increased childhood adverse life experiences have been associated with lower feelings of community

connectedness and integration (Fitzpatrick, 2017). Physical and emotional abuse and neglect are significantly associated with experiencing homelessness in youth and the cumulative increase in abuse accounts for people becoming homeless in youth compared with adulthood (Mar, Linden, Torchalla, Li, & Krausz, 2014). In a study replicating the aforementioned findings, those experiencing neglect reported significantly higher levels of depression and anxiety (Tyler, Schmitz, & Ray, 2018). Sub-analysis showed that participants reporting less contact with family and friends from home had significantly lower levels of depression and anxiety at later time points. Family worries and poor family communication were both significantly associated with higher levels of depression and anxiety in homeless youth (Thompson, Cochran, & Barczyk, 2012). Experiencing more traumatic stressors is associated with higher levels of depression and anxiety in homeless samples (Fitzpatrick, 2017b; Toro & Oko-Riebau, 2015) however this relationship is significantly stronger in people who have experienced family maltreatment than those who have not (Lim et al., 2016). Higher levels of social connectedness is associated with greater hardiness (Kelly, 2017) however homeless families report that on becoming homeless they experience distance from their relatives and turn to their immediate family unit for support (Chaviano, 2016)

Homeless peers. A recent systematic review examining resilience in homeless youth found that a fair number of studies emphasised that informal social networks are important in accessing resources, particularly in the absence of parental support (Cronley & Evans, 2017). A study with 19 homeless adolescents in the US found that the function of social networks

within the homeless community largely served the purpose of guidance to accessing food, other resources and protection (Tyler, 2011). Peer support appears to improve engagement with services (Chew Ng, Muth, & Auerswald, 2013; Martin & Howe, 2016) and may reduce likelihood of chronic homelessness. With the number of social ties (O'Connell & Rosenheck, 2016) and social network integration (Green, Tucker, Golinelli, & Wenzel, 2013) both being inversely related to the length of time a person has been homeless. It appears that when experiencing homelessness, people are more likely to turn to peers than family, with homeless youth reporting higher levels of peer attachment than parent attachment (Zizzo, 2017). Higher levels of perceived support from friends, but not family, was associated with lower psychological distress, higher levels of competency and higher levels of relatedness in an Irish sample (van der Laan et al., 2017). Sub-analysis found that, unlike family, perceived social support from friends did not have a relationship with prevalence of lifetime homelessness.

It should be noted that not all homeless people turn to homeless peers and the associations of peer relationships are not universally positive. Interviews with 145 homeless youth found that half banded together in the face of adversity to maintain safety, while over a third isolated themselves from others to avoid harm (Bender, Thompson, Ferguson, Yoder, & DePrince, 2015). Those that turn to peers for support may find that homelessness may further erode pre-existing support networks as street based contacts are less permanent and stable sources of support for homeless people (Kennedy et al., 2017). Indeed youth who have been homeless for longer than six months report lower support resources (Wright et al., 2017).

Spending time with homeless peers was a risk factor for homeless youth for both depression and anxiety but online communication with childhood friends was a protective factor against depression (Rice, Kurzban, & Ray, 2012). This difference may be explained by the relative levels of mental health of their peer contacts. Being connected with greater numbers of suicidal and depressed peers increased the risk of suicidal ideation in homeless youth (Fulginiti, Rice, Hsu, Rhoades, & Winetrobe, 2016). Replicating previous findings with homeless youth, it is hypothesised that contact with homeless friends will predict lower mental health over time while contact with housed friends will predict improved mental health in the homeless sample. The relationship between frequency of contact with support networks, perceived support from these groups and mental health remains untested. It is hypothesised that perceived social support from these groups will mediate the relationship between contact and mental health.

Support workers. Chronically homeless adults who were placed in supported housing were found to be more socially isolated than their homeless peers who had been homeless for under a year at a 6-month and 12-month follow up measure (Tsai, Mares, & Rosenheck, 2012) despite their improved housing status. It is hypothesised that in addition to homeless samples perceiving lower social support compared with control groups, perceived social support will decrease in homeless samples over time whereas perceived social support will remain stable for the control group over the same period.

Supported housing environments have been shown to increase perceived social support and networks from peers and support workers than

those who were not in supported housing over the same time period (O'Connell, Kaspro, & Rosenheck, 2017). Perceiving support from case workers and people in positions of authority appears to be particularly helpful for homeless people. Homeless youth reported higher associations between improved mental health and increased levels of teacher, rather than peer, support (Loomis, 2018). Perceiving high expectations from teachers and a safer school environment was also associated with higher mental health in homeless youth (Moore, Benbenishty, Astor, & Rice, 2017). Chronically ill homeless patients said that perceived social support from case managers resulted in improved physical health (Davis, Tamayo, & Fernandez, 2012). A longitudinal study found that increases in social support over time predicted improvements in mood, personal wellbeing and overall life satisfaction in a sample of 119 homeless people (Johnstone, Parsell, Jetten, Dingle, & Walter, 2016), further qualitative analysis with the same sample revealed that connections with support service workers was particularly important to this group (Johnstone, Jetten, Dingle, Parsell, & Walter, 2016). Perhaps the perceived approval and support of authoritative figures helps homeless people feel that they have more power and ability to navigate institutions successfully. This perhaps indicates that it is instrumental rather than emotional support that is more important for the wellbeing of homeless people.

Type of support. A qualitative study found that it was the intersections of opportunities and emotional and instrumental support from close networks that facilitated an exit from homelessness (Webb & Gazso, 2017).

Reinforcing previous findings that emotional and instrumental social support provide hope for homeless people (Tweed, 2013). A Danish study of users of shelters' psychiatric and other support facilities, found that socially isolated people did not have anyone to talk to if they needed support and did not have anyone to help with practical problems (Pedersen, Andersen, & Curtis, 2012). Similarly homeless youth have been found to have low levels of social support with higher emotional than instrumental support resources (Barman-Adhikari, Bowen, Bender, Brown, & Rice, 2016). It may be that perceiving higher instrumental support helps to determine a successful exit from homelessness. While previous qualitative examinations have found that a combination of both emotional and practical support are associated with improved outcomes for homeless people (Tweed, 2013; Webb & Gazso, 2017); it is hypothesised that, on quantitative examination, instrumental support will be a stronger predictor of improved outcomes than emotional support. It is further hypothesised that homeless people will have particularly low levels of instrumental support compared with control groups.

Perceptions in a decrease of social support has been found to correlate with an increase in external locus of control in a small sample of homeless participants (Scaglia, 2008) whereas support from family as well as friends was associated with higher levels of autonomy (van der Laan et al., 2017). Replicating previous findings, participants with lower perceptions of social support are expected to have lower levels of self-mastery. It is further hypothesised that instrumental support will be particularly important for the homeless population as it will be associated with higher levels of self-mastery which will ultimately predict improved outcomes for homeless people over

time.

Self-Mastery. Self-mastery is the extent to which a person perceives their life-chances as being under their own control, in contrast to being fatalistically ruled by an external entity, and is seen as an adaptive outcome of effective coping with life stressors (Pearlin & Schooler, 1978). Homeless families in Singapore characterised the experience of homelessness as a loss of control and autonomy (Teo & Chiu, 2016). A recent systematic review found that homeless parents cite challenges to exercising parental autonomy in a shelter environment as lowering their personal self-efficacy and impeding their ability to parent effectively (Bradley, McGowan, & Michelson, 2018). There has been increased literature looking at the role of mastery in the homeless population, particularly the interrelationships of perceived choice, self-mastery and mental health. Studies have found that lower perceived choice is associated with lower levels of self-mastery in homeless samples (Greenwood & Manning, 2017; Manning & Greenwood, 2018; O'Connor & Fitzpatrick, 2017). Lower self-mastery is also associated with higher levels of depression in homeless samples (DeForge, 2008; Fitzpatrick et al., 2015; Tyler, Kort-Butler, & Swendener, 2014). Homeless people who felt that they chose where they live and how they spend their day tended to have fewer psychiatric symptoms, and this was partially mediated by self-mastery (Greenwood, Schaefer-McDaniel, Winkel, & Tsemberis, 2005).

In fact, self-mastery had the strongest negative correlation with depression in the homeless population when compared with social support, demographic factors and life events. Self-mastery was also shown to mediate

the effect of education, physical health and mental health history on depression (La Gory, Ritchey, & Mullis, 1990). Replicating previous findings, it is hypothesised that self-mastery will have a stronger relationship with depression than social support and life events in the homeless sample. Previous research has found similar results in a sample of students and further found that self-mastery mediates the effect of stress on mental health outcomes as a coping resource (Bovier, Chamot & Perneger, 2004). It is therefore further hypothesised that self-mastery will mediate the effect of stress on mental health in the homeless sample and this relationship is expected to be consistent with control samples.

Difficulty following shelter rules has been found to be associated with higher levels of depression in homeless samples (Beharie, Jessell, Osuji, & McKay, 2017) and one could argue that the lack of environmental control homeless people experience lowers both self-mastery and fosters depression. Feeling more in control of one's life was shown to be most strongly associated with reduced psychological distress when accounting for the variance of competence (still significant) and relatedness (not-significant) in a sample of 255 Dutch homeless people (Krabbenborg, Boersma, van der Veld, Vollebergh, & Wolf, 2017) . The apparent connection between reduced perceived choice and control within institutional structures supports the hypothesis that a process of learned helplessness may be responsible for perpetuating homelessness. In order to survive within the structures set up to support homeless people, psychological adaptations are required that make it near impossible for homeless people to emancipate themselves from these structures and therefore their position of homelessness (Rea, 2012). Learned

helplessness theory developed as a result of studies that made it harder for dogs to learn an escape response when presented with an escape route, after having received painful and unavoidable shocks with no hope of escape (Overmier & Seligman, 1967 cited in Carver & Scheier, 2008). The theory has subsequently been researched with humans, and results showed that extensive and prolonged failure often has adverse effects on later attempts. Frankel and Snyder (1978) further developed the learned helplessness theory and said that those who consistently fail will withdraw effort to maintain self-esteem and this ironically perpetuates the feelings of failure. While homelessness is unlikely to be the sole result of intrinsic factors, homeless individuals may place responsibility for their circumstances on extrinsic factors to maintain self-esteem (Rea, 2012). This may function similarly to the self-serving bias which involves taking credit for personal success but blaming external factors for personal failure (Campbell & Sedikides, 1999). Higher levels of learned helplessness have been found to be associated with higher levels of hopelessness in a survey of healthy adults (Quinless & Nelson, 1988). It is hypothesised that those who do not feel they have an opportunity to achieve or be self-directed will have lower levels of self-mastery as they are less likely to believe that they can take control of their lives. It is also expected that perceiving these opportunities will have related relationships with mental health. The relationship between perceiving increased opportunities and higher self-mastery and mental health is expected to be strongest in the chronically homeless.

Theorists have suggested that by developing increased self-mastery, learned helplessness would decrease (Abramson, Seligman, & Teasdale,

1978). Only one published paper was found which examined learned helplessness with homeless participants (Gomez, Ryan, Norton, Jones, & Galán-Cisneros, 2015) in the literature search of the last 20 years. It is a US based study that analysed semi-structured interviews with 134 young homeless adults, around half of whom had aged out of foster care, for statements relating to a lack of efficacy or motivation to respond to future events. Unfortunately, the interviews elicited statements quoted in the paper that allude solely to feelings of poor preparedness for adult life by those that had exited foster care and statements of support for reform of the social care system from participants who had not aged out of foster care. The paper does however lend support to the theory that institutionalisation and limited opportunities to exercise efficacy increase the likelihood of a person experiencing homelessness. Learned helplessness and its relationship to homelessness experiences will not be directly measured in this thesis due to the limited number of published scales which have not demonstrated reliability and validity across samples (McKean, 1994; Gotshall & Stefanou, 2011). While there is acknowledgment that institutions such as foster care, armed forces and psychiatric centres are a precursor to homelessness, the impact of institutionalisation eliciting learned helplessness which could result in people becoming homeless has yet to be recognised outside of foster care (Gomez et al., 2015). There is debate around the impact of routines and conformity required within shelter environments that may impede homeless people from leaving a sheltered environment (reviewed in Meanwell, 2013) and this is an area identified as requiring further empirical enquiry. Learned helplessness will be discussed conceptually when referring to the potential

effects of prolonged failure and negative reinforcement as a result of the experience of homelessness. It may also be inferred that it will be reduced in those that develop higher levels of self-mastery.

Although there are consistent international findings that demonstrate a relationship between poor self-mastery and lower mental health in homeless samples, none of the studies contrast the findings with control groups or have been conducted in the UK. It is hypothesised that homeless people will have lower levels of self-mastery than the general population and homeless people that are chronically homeless or experienced institutional care will have the lowest levels of self-mastery.

While homeless people appear to respond positively to environments that aim to increase their agency through providing opportunities for independence such as meal preparation and choice, it was also found that it is important to appreciate that homeless people continue to be vulnerable and need the engagement of others to provide emotional as well as tangible support; including funds to cover the cost of their accommodation (Parsell & Clarke, 2018). A study of 79 homeless youth engaging with homelessness services in the US measured participants four times over a nine month period. They found that homeless people that have experienced more adverse experiences and engage more with homelessness services report lower self-mastery. This study also found that participants with higher levels of self-mastery reported better housing outcomes and mental health at later time points (Slesnick, Zhang, & Brakenhoff, 2017). While they report the small sample size as limiting the generalisability of the findings; it is proposed in this thesis that the finding that higher self-mastery will result in participants

having better mental health and housing outcomes over time, will replicate in the UK-based samples in this thesis.

Values. To understand the sustained psychological impact of homelessness, and the underlying mechanisms that may explain the differences observed between homeless and housed samples, this thesis explores the values of the homeless population. This will provide insight into what is important to homeless people so that services are better prepared to provide support in areas that may be needed rather than areas where one may assume help would ameliorate challenges.

Values are central to the self (Verplanken & Holland, 2002). They are stable motivators of behaviour that can change as a result of significant life events (e.g., Daniel, Fortuna, Thrun, Cioban, & Knafo, 2013). Values are defined as “*desirable states, objects, goals, or behaviours, transcending specific situations and applied as normative standards to judge and to choose among alternative modes of behaviour*” (Schwartz, 1992, p.2). Values have an overarching effect on perceptions, attitudes, and behaviour (Bardi, Calogero, & Mullen 2008). Values are stable motivators of behaviour (Roccas & Sagiv, 2010), and develop as a joint product of the individual’s needs, traits, temperament, culture, socialisation, and personal experiences (Bardi & Goodwin, 2011). As such, values often reflect social conventions. This thesis proposes that value differences may explain the common psychology of the apparently heterogeneous homeless population. By examining the value profiles of these communities, we may better understand the potential psychological and social barriers that exist between the housed

and homeless communities.

Schwartz' value theory. The most comprehensive and validated value theory (Schwartz, 1992) formed the foundation for this thesis. Schwartz postulates that values form a continuum of related motivations, consisting of 10 universal values arranged in a circumplex structure where adjacent values stem from compatible motivations and are positively correlated, e.g. self-direction and universalism; whereas values that emanate from opposite sides stem from conflicting motivations and are negatively correlated, e.g. self-direction and conformity. The order of values around the circle is: self-direction, universalism, benevolence, tradition, conformity, security, power, achievement, hedonism, and stimulation. An illustration of this model can be found in Figure 1.

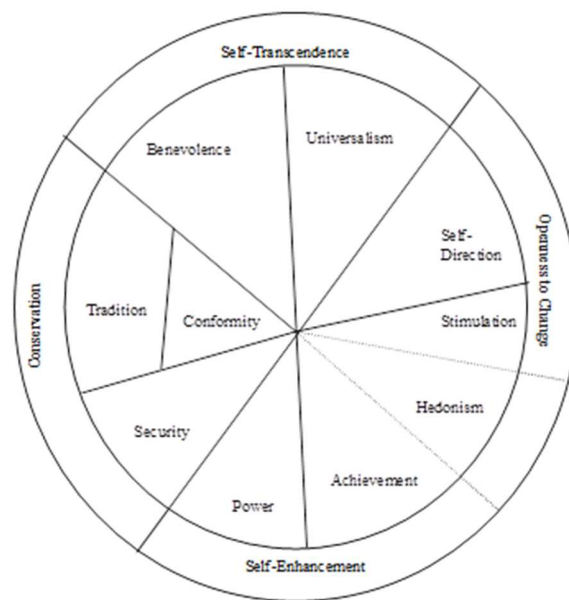


Figure 1. The Structure of Values (Schwartz, 1992)

Schwartz (2005) defines each of the 10 values in terms of the universal

goals that they express and measures them through instruments by listing concrete explicit behaviours that express the goals of each of the values. *Self-direction* is defined as independent thought and action expressed through exercising autonomy, creativity and exploration. *Stimulation* is defined by the motivation for variety, excitement, novelty and challenge. *Hedonism* is defined as the motivation for pleasurable and sensuous self-gratification. *Achievement* is defined as the motivation for achievement and demonstration of tangible success that is socially recognized, such as being successful, influential and ambitious. It is important to differentiate between social and personal achievement, e.g. reaching internal standards expressed through 'self-direction' values. *Power* is defined by the individual motivation for attainment or preservation of a dominant social status. Prestige and social dominance are expressed as a desire to control people and resources. Group members that recognise 'power' values as important are more likely to accept social imbalances. *Security* is defined by a motivation for safety and harmony on two levels: societal security which predominantly concerns maintaining a stable and safe society and personal security which includes safety of self and loved ones, sense of belonging and avoiding indebtedness. *Conformity* is defined as the motivation to avoid acting on impulses or inclinations that are likely to upset, harm or violate the expectations of others or society. Conformity is expressed through subordination to social norms and expectations as set by social superiors thereby avoiding negative personal outcomes. *Tradition* is defined by the motivation for respect and acceptance of long-held cultural beliefs and norms expressed through subordination to abstract entities such as religion, customs and ideas. *Benevolence* is defined

by the motivation for preservation and welfare enhancement of in-group members fulfilling affiliation needs and emphasising voluntary concern for close others. Cooperative and supportive social relationships are promoted through the self-initiated desire to help, forgive, befriend and remain loyal. *Universalism* is defined by the motivation for understanding, appreciation and welfare maintenance of all society and natural life. It is expressed through broadmindedness, wisdom, aesthetic and natural appreciation. Items such as spirituality, happiness and self-respect have been excluded from the value structure as they are outcomes that can be realised through the expression of different values that are specific to that person's preferences (Sagiv & Schwartz, 2000). The 10 values are further grouped into four overarching classifications which express the conflicting polarised motivations of their opposing sub-structures across two axes, as illustrated in Figure 1. The first axis is self-transcendence values (universalism and benevolence) which emphasise concern for others' well-being, whereas self-enhancement values (achievement and power) emphasise enhancing selfish interests even at the expense of others. The second axis opposes conservation values (conformity, tradition and security) which emphasise self-restriction, preservation of traditional practices, and protection of stability; against openness-to-change values (self-direction and stimulation) which emphasise independent thought and action and favour change. Hedonism can belong to openness-to-change or to self-enhancement values, depending on the hypothesis.

After this thesis research and data gathering commenced, a refined model of values was published (Schwartz et al, 2012). While the model is still largely theoretical and there is a far greater established literature and

evidence base using the questionnaires and value structures proposed in the original Schwartz model (1992), there are a number of distinctions made within the broad scope of the model that are useful for consideration when interpreting the findings in this thesis. The refined model splits the values of universalism, benevolence, self-direction, conformity, security and power, as illustrated in Figure 2.



Figure 2. The Refined Theory of basic Human Values (Schwartz et al, 2012)

It adds two additional values including: ‘face’ which is located between the values of power and security and on the axes of both self-enhancement and conservation values and; humility which is located between the values of universalism and conformity and on the axes of both self-transcendence and conservation values. It usefully contextualises the values on two additional dichotomous higher order dimensions, namely values of social focus versus personal focus, and values of growth (anxiety-free) versus those of self-protection (anxiety-avoidance). These are particularly helpful for interpretation of findings as we consider the experiential and social

context of homelessness on the relationships between values and stress, mental health and self-mastery.

Value change. Values are thought to be mainly stable (Rokeach, 1973) and research on value change is scarce. Yet, research has found that major life events predict meaningful value change (Bardi et al, 2009; Bardi, Buchanan, Goodwin, Slabu, & Robinson, 2014; Daniel et al., 2013; Goodwin, Polek, & Bardi, 2012; Lönqvist et al., 2011, 2013). Bardi and Goodwin (2011) propose an empirically based model for value change which suggests that value change can occur through automatic and effortful routes. They identify five facilitators of value change including: priming, adaptation, identification, consistency maintenance, and direct persuasion. These facilitators include automatic or effortful processes and the impetus behind all of these changes relates to assimilation or adjustment to the introduction of environmental cues or circumstances. Bardi and Goodwin (2011) propose that value change can be measured through the use of questionnaires and these changes can be revealed through two distinct methods of statistical analysis: mean-level value change, which refers to changes in the average value importance in a population; and intra-individual change, which refers to individual differences in value change, creating changes in the rank order of individuals on the importance of a certain value. According to Schwartz and Bardi (1997), values adapt in order to adjust to the opportunities and constraints that are available in one's life circumstances. They propose that this process takes place through 'acclimatisation' and 'compensation'. Acclimatisation is the modification of values that upgrades the importance of

easily obtainable values and downgrades the importance of those values whose pursuit is blocked or unobtainable. For example, people who work in jobs with high levels of autonomy may develop higher self-direction values and lower conformity values (Kohn & Schooler, 1983 in Schwartz & Bardi, 1997). Compensation effects are found in a limited set of values that are associated with material well-being and security. For example, people who have experienced economic hardship and social upheaval may attribute greater importance to the attainment of wealth and maintaining social order (Inglehart, 1991 in Schwartz & Bardi, 1997).

Events that typically lead to homelessness include: relationship breakdown, domestic violence, leaving home or institutions (prison, hospital or the armed forces), death of a partner and getting into debt (Homeless Link, 2012). These events combine with the experiences of homelessness, introducing new and often unfamiliar environments that require adaptation and new behaviours. Behaviour change may then lead to value change (Goodwin et al, 2012). This thesis proposes that homeless people should experience significant levels of value change as a result of the process of acclimatisation and compensation. The changed values will then direct new behaviours that may be incongruent with expected social norms of the general population, causing a barrier to assimilation when homeless people re-enter the housed community. While Bardi and Goodwin (2011) provide the model by which values change, the acclimatisation and compensation theory (Schwartz & Bardi, 1997) provides a situational context for hypothesis derivation.

This thesis proposes that the psychological impact of experiencing,

interacting with, and adapting to, homelessness is likely to affect people's values. The basic social function of values is to motivate and control the behaviour of group members (Schwartz & Bardi, 2001). The extent to which homeless people's values change was expected to cause misalignment with the general population's values. These differences are expected to act as a barrier to homeless people re-entering the wider community. By understanding the deep psychological constructs motivating the behaviour of homeless people, the research could be used to design targeted psychological interventions to better support homeless individuals in their efforts to leave homelessness and remain housed and employed.

Research regarding values and homelessness was non-existent at the outset of this thesis and remains incredibly scarce. The little research on homelessness and values has serious methodological limitations including studies using untested coding frameworks with samples of 20 or fewer participants for statistical comparisons (Koepfler, 2015; Koepfler, Shilton, & Fleischmann, 2013) and the absence of any measures directly related to homelessness (Fitzpatrick & Stephens, 2014). There were also fairly diverse interpretations of the term 'values' that make clear theoretical hypothesis derivation based on the findings challenging (Manning & Greenwood, 2018).

The values of homeless people were expected to acclimatise, adapt and reflect the opportunities that are available to them (Schwartz & Bardi, 1997). As such, power and achievement values were expected to be less important to the homeless population than the privately housed sample as both these values reflect a desire for demonstrating social success; either through socially recognised achievements or the control of resources

(Schwartz, 2005). Power is an anxiety-based value and an alternative hypothesis may be that power values could become more important to homeless people as a result of compensation effects (Schwartz et al, 2012). However based on previous longitudinal research into the value change of migrants (Lönnqvist, Jasinskaja-Lahti & Verkasalo, 2011), homeless participants were expected to experience a decrease in the importance of power and achievement values as a result of acclimatising to their new environment and lowered social position. It is expected that perceiving greater practical support will be associated with higher power, achievement and self-direction values in the homeless sample, as this support will likely enable the ability of goal pursuit and foster autonomy thereby reducing the acclimatisation effects.

Self-direction values, characterised as prioritising independent thought and autonomy, are reported as a reason for many homeless people entering the homeless community (Rosenthal et al, 2007). One may therefore anticipate that high self-direction and low conformity values explain homeless people's outcast social status (Hodgetts et al, 2005). However research into the self-mastery of homeless people indicates a different reality with highly structured environments in shelters (Meanwell, 2013) being associated with lower levels of self-mastery (Manning & Greenwood, 2018). A PhD thesis that analysed value expressions in tweets found that there were no expressions of openness-to-change values by homelessness organisations in contrast to them being the most frequently expressed value of all other groups in the study (Koepfler, 2015). While this may be explained by differences in communication between individuals compared with

organisations on twitter; the apparent absence of openness to change value expressions supports the view that homeless organisations may not prioritise these values, thereby fostering an environment that inhibits their prioritisation in their clients. Additionally, self-direction values are growth values (Schwartz et al, 2012) and restrictive environments are more likely to be conducive with anxiety and self-protection than growth. It is therefore hypothesised that homeless people will have lower self-direction values and higher conformity values compared with control groups. These value preferences are anticipated to be associated with lower levels of self-mastery in homeless participants.

The experience of homelessness leads many homeless people to seek help in securing a more socially stable environment. This can be observed in the high level of engagement with the services available to homeless people (Homeless Link, 2012). As a compensation mechanism, security values were expected to be more important to, and perceived to have increased in importance to homeless people. These effects are expected to be due to the compensation effects observed in other research, which has shown that in situations of increased personal or national threat, security values increase in importance (Goodwin & Gaines, 2009; Lönnqvist et al, 2011; Verkasalo et al., 2006). This increase is expected to be the result of situations being interpreted in terms of security values because security needs have become paramount. The increased salience of security, primes security values and increases the importance of them (Bardi & Goodwin, 2011; Schwartz & Bardi, 1997).

Homeless youth reported feeling a loss of dignity, security, social

support and hope as a result of their homelessness experiences, they in turn placed a higher value on themselves in order to survive (Dashora, 2016). A longitudinal study assessed the value priorities of 73 homeless people in the US that were participating in a series of life-skills and training programs (Helfrich & Chan, 2013). While values did not appear to significantly change between baseline and six months post-intervention, they found that homeless individuals consistently placed highest priority on “*managing my finances and taking care of myself*” and lowest priority on “*taking care of others for whom I am responsible*”, “*being involved as a student, worker, volunteer, and/or family member*” and entering the lowest ratings at the final time point was “*getting along with others*”. While this study lacks a comparison group and uses the Occupational Self-Assessment (Baron, Kielhofner, Iyenger, Goldhammer, & Wolenski, 2002) to measure values, examination of the priority of these items draws interesting parallels with the findings of the MSc research (Rea, 2012) that formed the basis of this project. While previous studies demonstrate that looking after oneself becomes more important to homeless people (Dashora, 2016; Helfrich & Chan, 2013), it is difficult to determine on closer reading which specific value underpins this. It could be interpreted that looking after oneself communicates a priority on being safe (security values), expresses independence (self-direction values) or defends against the threat of homelessness to one’s self-image (security related face values). Given the limited economic and social resources available to homeless people, it is expected that security values will be the value that is related to placing greater value on oneself. This supports the compensation effects hypothesis that security values will be higher in homeless samples

compared with control samples. Placing lower priority on being involved with, taking care of and getting along with others also supports the hypothesis that self-transcendence values will be significantly lower in the sample of homeless participants. Perhaps benevolence values, which are commonly the most important value, are superseded by security needs and therefore values. Homeless people may also lack the resources to care for others and therefore adapt by deprioritising self-transcendence values over time. It is therefore hypothesised that, compared with all other groups, self-transcendence values will be lowest in the chronically homeless sample. Homeless people are anticipated to withdraw from their support resources as a result of deprioritising self-transcendence values, resulting in an association between lower self-transcendence values, mental health and perceived social support.

Helfrich and Chan (2013) explain that while interaction and support of others is seen as the primary outcome for many homelessness service providers, it does not appear to be a priority in light of the more immediate needs this population faces. However certain values are attributed to effective socialisation (Schwartz & Bardi, 2001) and there is a small amount of research looking at the behavioural outcomes of socialised values (del Barrio & García, 2005). The present research proposes that there will be a positive relationship between perceived emotional support and benevolence values, due to homeless people with high levels of emotional support being more likely to have benevolent behaviours modelled by those around them. It is also hypothesised that value congruence between homeless and housed groups will more consistently predict improved employment and housing outcomes for homeless people than social support, mental health or self-

mastery. Additionally; as the fit between people's environment and values are related to wellbeing (Sagiv & Schwartz, 2000), closer value congruence between homeless and housed samples was expected to have a moderating role on self-mastery as a wellbeing indicator.

Conclusion

There is a tremendous amount of literature on homelessness, however due to the fragmented nature of the research the understanding of the homeless community remains fairly limited. The discourse around homelessness is evolving and interested groups are utilising increasingly diverse communication channels to spread their particular perspectives (Best, 2013). The largest change in the discourse around homelessness is that homeless people are now portrayed in a clear group known as "the homeless", and while this has been beneficial for advocacy and policy change it also assumes that homeless people have singular needs (Schwan, 2018). While this assumption is not necessarily beneficial in demarginalising homeless people, the majority of homelessness research focuses on a very narrow section of the homeless community, for example elderly men with mental health issues. It is important that in order to understand the psychological impact of homelessness as an experience, research extends beyond these narrow parameters and includes as diverse a sample of homeless people as possible.

Researchers are recently acknowledging a more nuanced and complex picture of what it means to be homeless with papers finding that there are situational (McMaster, Lopez, Kornhaber, & Cleary, 2017b),

societal (McMaster, Lopez, Kornhaber, & Cleary, 2017c) and personal (McMaster, Lopez, Kornhaber, & Cleary, 2017a) factors associated homeless individual's experiences and views around their ability to change their lives and exit homelessness. While there is recognition that homelessness is a more complex issue than a simple lack of housing (Bramley & Fitzpatrick, 2018), the understanding of the role of personal or psychological characteristics is still limited. This may be the result of the most prolific homelessness researchers being social policy researchers rather than psychologists.

The majority of psychological literature on homelessness assesses mental health service provision, which moves the focus of supporting homeless people from an individual level to an environmental one. Perhaps the reason why the majority of psychological literature focuses on mental illness in the homeless community, rather than differences in psychological characteristics that would be observed in the general population, is that researchers view homelessness as a pathology that requires treatment. This is evident in the Housing First model which integrates psychiatric and drug support services into the housing provision offered to homeless people. It is important to note that pathologising homelessness is not the aim of this thesis. Taking seriously the environmental factors of homelessness, wherein feelings of stress, anxiety and depression are rational responses to difficult life circumstances, enables us to move beyond a deficit depiction of homeless people and recommend more effective interventions. It is essential for future research to attempt to gain an in-depth cognitive, emotional and social understanding of homeless people from their perspective. By better understanding the values and related psychology of homeless people, this

research aims to provide an empirical foundation on which to design interventions to support homeless people and inform public policy.

The recommendations from previous literature reviews are repeated, as more quantitative, longitudinal and control-based studies need to be conducted to better understand relationships of measures and outcomes. For example, studies on depression and anxiety generally make comparisons between results from previously conducted general cohort studies and results from their sample of homeless participants. This is problematic as there could be societal factors that impact on respondents responses such economic downturn or social instability between test points that could falsely amplify or reduce differences.

There are also almost no mixed-methods studies in homelessness literature and those there are tend not to focus on psychological factors (Hanratty et al., 2011). A mixed-methods approach is empirically desirable (Fitzpatrick & Christian, 2006) and useful in meeting the research aims of understanding experiences of homelessness and related psychological impacts. This thesis employs mixed-methods across three studies to achieve this. The first study is an interview study that explores the relationships of homeless people in the context of their experiences preceding, during and exiting homelessness. The second study is a quantitative study that, through the use of questionnaires, examines the relationships between values, social support, self-mastery and mental health of homeless people. These factors are then compared to control samples. The third study is a longitudinal study that examines how these factors change over time and whether changes in the values, social support, self-mastery and mental health of homeless people

contribute to them being able to leave homelessness and integrate back into wider society.

Table 2.2 Summary of Key Studies from the Literature

<i>Author(s) and Publication Year</i>	<i>Methodology</i>	<i>Findings</i>
Schwartz, 1992	Participants ($n=9140$) comprising 36 teacher and student groups across 20 countries over six continents completed a 56 item values measure (developed into the Schwartz Values Survey) to identify whether there was a universal set of human values.	Ten distinct and universal value groups emerged in the analysis with values forming a continuum of related motivations arranged in a circumplex structure where adjacent values stem from compatible motivations and are positively correlated, e.g. self-direction and universalism; whereas values that emanate from opposite sides stem from conflicting motivations and are negatively correlated, e.g. self-direction and conformity. The order of values around the circumplex is: self-direction, universalism, benevolence, tradition, conformity, security, power, achievement, hedonism, and stimulation.
Schwartz & Bardi, 1997	Comparison of values (SVS, Schwartz, 1992) between Eastern European (17 samples from 9 countries) and Western European (23	Conservatism, egalitarianism, intellectual autonomy, affective autonomy and mastery values were more important in Western Europe. Hierarchy was more

<i>Author(s) and Publication Year</i>	<i>Methodology</i>	<i>Findings</i>
	samples from 12 countries) teachers and university students ($n=7907$).	important in Eastern Europe. The authors postulated that values adapt to the opportunities and constraints that are available in one's life circumstances. They propose that this process takes place through acclimatisation and compensation processes. Acclimatisation is the modification of values that upgrades the importance of easily obtainable values and downgrades the importance of those values whose pursuit is blocked or unobtainable. Compensation effects increases the importance of a small number of values associated with material well-being and security (e.g. conservation values) when in situations of stress or adversity.
Daniel, Fortuna, Thrun, Cioban, & Knafo, 2013	Israeli adolescents ($n=39$) values were measured (SVS, Schwartz 1992) at the beginning, middle, and end of the 2006 Israeli-Lebanese war during which their hometown was bombed.	Anxiety-based values of tradition, power, and security increased in importance, while conformity values decreased in importance. Anxiety-free values of benevolence, universalism, self-direction, stimulation, and hedonism decreased in importance. Achievement values decreased and then increased in importance. This study

<i>Author(s) and Publication Year</i>	<i>Methodology</i>	<i>Findings</i>
		demonstrates that values can change as a result of significant life events.
Lönnqvist, Jasinskaja-Lahti & Verkasalo, 2011	A longitudinal panel study assessing values (PVQ21) of migrants from Russia to Finland ($n=145$) pre and post migration; with around 19 months between measures.	Universalism and security values increased in importance after migration, whereas the importance of self-enhancement values decreased.
Helfrich & Chan, 2013	73 homeless participants in the US that were participating in life skills training programme were longitudinally assessed for value change using the Occupational self-assessment measure (Baron et al, 2013).	While values did not appear to significantly change between baseline and six months post-intervention, they found that homeless individuals consistently placed highest priority on “managing my finances and taking care of myself” and lowest priority on “taking care of others for whom I am responsible”, “being involved as a student, worker, volunteer, and/or family member” and entering the lowest ratings at the final time point was “getting along with others”.
Rea, 2012	Homeless adults in London ($n=50$) were measured on values (PVQ40), perceived value change (modified PVQ40), self-mastery and self-esteem (Pearlin &	Overall homeless people reported higher levels of perceived value change than the housed group. Self-enhancement values were less important and conservation values were more important to

<i>Author(s) and Publication Year</i>	<i>Methodology</i>	<i>Findings</i>
	Schooler, 1978). A comparison group housed people ($n=50$) was also recruited.	homeless people compared with housed people. Benevolence values were the only values that were significantly correlated with the length of time someone had experienced homelessness; people who had been homeless for longer periods of time reported lower benevolence value preferences. Self-mastery was significantly lower in the homeless group compared with the housed group and there was no difference in self-esteem.
Pearlin & Schooler, 1978	Structured interviews were conducted with participants ($n=2300$) in Chicago, USA asking about strains in different aspects of their lives, coping repertoires in dealing with these strains, emotional stressors, depression and anxiety. Self-mastery is one of the coping resources measured which was constructed for the study and identifies the extent that a person views their life-chances as being under their own control versus being externally led.	People cope most effectively when dealing with interpersonal stressors in marriage and parenting and least effectively when dealing with problems found in the workplace. Social and economic status had the strongest positive association with self-mastery. Those with higher SES reported higher self-mastery.

<i>Author(s) and Publication Year</i>	<i>Methodology</i>	<i>Findings</i>
La Gory, Ritchey, & Mullis, 1990	Shelter and street-based homeless people ($n=150$) were interview surveyed in Alabama, USA. Measures included depression (CES-D), self-mastery (Pearlin & Schooler, 1978) and social support.	Poorer levels of mental health were associated with being younger, street-based, less educated, being physically ill and homeless for a longer period of time. Self-mastery was shown to mediate the effect of education, physical health, mental health history and stress on depression. Self-mastery was also a stronger predictor of depression than social support and stressors.
Manning & Greenwood, 2018	Homeless people in Ireland ($n=155$) completed quantitative measures of choice (Srebnik, Livingston, Gordon & King, 1995), mastery (Pearlin & Schooler, 1978) and recovery (physical health, psychiatric symptoms, substance use, and community integration (Aubry & Myner, 2009) at three points over a 12 month period.	A higher level of self-mastery was associated with more choice, better physical health, fewer psychiatric symptoms, less drug use and greater community integration. Higher levels of self-mastery were also associated with better physical health and community integration, although not with changes in these variables over the course of the study.
Johnstone, Parsell, Jetten, Dingle, & Walter, 2016	Homeless participants in Australia ($n=119$) completed an interview and questionnaire at the first wave of a longitudinal study. The	Remaining homeless predicted poorer personal well-being, less life satisfaction and worse mental health. Increases in social support predicted improvements in

<i>Author(s) and Publication Year</i>	<i>Methodology</i>	<i>Findings</i>
	second wave was gathered after people left the service and the final wave was 12 months following the first wave ($n=49$). Measures included personal wellbeing (International wellbeing group, 2006), life satisfaction, mental health (DASS-21), social support (Haslam et al, 2005), housing status, employment status and alcohol use.	personal well-being, greater life satisfaction and better mental health. In addition, changes in social support predicted well-being over and above housing stability. Employment status did not predict wellbeing.

Please note that full references for measures cited in the methodology summaries can be found in the relevant papers.

Chapter 3: Methodology

The following chapter provides detailed information about the methodology of each of the studies in this thesis. The rationale behind selecting a quantitative dominated mixed-methods design is first discussed. An overarching model for the relationships anticipated within the quantitative studies is presented. A participants section provides information about participant inclusion and exclusion criteria across the studies, as well as an overview of the recruitment centres that were accessed for the studies. Ethical considerations applicable to all of the studies are then discussed. The separate methodologies for each of the studies is then fully discussed including full information about individual study design, sampling methodology, measure selection, research procedures and analysis used. The methodological limitations of this thesis are referenced and the chapter concludes with the analysis map for the quantitative studies, showing the variables and their anticipated relationships.

Research Design

There is a tremendous amount of literature about homelessness. However, due to the fragmented nature of the literature, the understanding of the homeless community remains fairly limited. A comparison of homeless research methods in the USA and UK argues that divergent assumptions informing disciplinary focus, epistemological basis, and methodologies have a profound impact on research findings (Fitzpatrick & Christian, 2006).

Research in the US tends to focus on quantitative studies that examine healthcare engagement, while research in the UK tends to use qualitative methods to provide small-scale indicators to inform on issues regarding social policy and housing. The disciplines that conduct these studies tend to align to the output and focus of the research that is conducted. There is also suggestion that as the UK research is highly policy-driven, the large numbers of small scale projects are closely tied to the short-term political objectives of government (Pleace & Quilgars, 2003). More quantitative, longitudinal and control-based studies need to be conducted to better understand relationships of measures and outcomes (Toro, 2007).

There was almost no research looking at the underlying psychological profile of homeless people from their perspective (Fitzpatrick & Christian, 2006) out the outset of this thesis and, outside of mental health, this remains a gap in the literature. This research aimed to address the aforementioned issues by examining the experiences of homeless people and understanding the impact of these experiences on psychological factors over time.

There are almost no mixed-methods studies conducted with homeless people, and those there are do not focus on psychological factors (Hanratty et al., 2011). Given the aforementioned prevalence of both qualitative and quantitative research in the homeless community, one can assume that a mixed-methods approach will not only be possible with this population but desirable in addressing a methodological gap in the literature (Fitzpatrick & Christian, 2006). On this basis, a quantitative dominated mixed-methods paradigm was selected for this thesis. Quantitative dominant mixed-methods research is defined as “mixed research in which one relies on a quantitative,

post-positivist view of the research process, while concurrently recognising that the addition of qualitative data and approaches are likely to benefit most research projects” (Johnson, Onwuegbuzie, & Turner, 2007, p.124).

The first study was a qualitative interview study aiming to understand peoples’ experiences of homelessness and how they feel these experiences may have impacted what is important to them (i.e. their values), if at all. As previously mentioned, there was almost no psychological literature on homelessness at the outset of this thesis and inclusion of variables into the subsequent quantitative studies was largely decided by the content of the interviews. Participants reported changes in values, self-mastery, mental health and social support related to their experiences of homelessness. These variables all indicate quality of life (World Health Organisation, 2018) and are grouped as such in figure 3, found at the end of this chapter, which provides a graphic representation of the research design and variables for the quantitative studies. The quantitative studies include both a cross-sectional study and an interrelated longitudinal study which are now briefly discussed and fully discussed later in this chapter.

A cross-sectional design was selected to ascertain whether the reported changes in values, self-mastery, mental health and social support in the interviews could be quantitatively observed in differences between homeless and housed groups. The housed group was separated into two groups (low SES and general housed) to determine whether any observed differences may be indicative of socioeconomic disparity (Sheehy-Skeffington & Rea, 2017) rather than being particular to homelessness. To understand whether potential psychological differences were associated with

particular stages of homelessness, comparisons were also made within the homeless sample between people that had indicated that they were homeless for the first time, recurrently homeless people and previously homeless people. The relationships between the quality of life indicators and the length of time someone had been homeless were also examined.

Homeless people were anticipated to have different values to housed groups as a result of their experiences (Daniel et al, 2013). They were also anticipated to have lower mental health (Medlow et al, 2013), social support (Fitzpatrick, 2017) and self-mastery than housed groups. Longer and recurrent episodes of homelessness were anticipated to be related to lower mental health (Johnstone et al, 2016), lower social support (Wright et al, 2017), lower self-mastery (Manning & Greenwood, 2018) and different value priorities (Rea, 2012),

Self-mastery and social support were both expected to mediate the effects of life stress on mental health for homeless people (La Gory et al, 1990). Opportunity to express values was expected to mediate the relationship between group membership and both value preferences (Bardi & Goodwin, 2011) and self-mastery (Greenwood & Manning, 2017). Value congruence was anticipated to mediate the relationship between value preferences and wellbeing (Sagiv & Schwartz, 2000).

Gender (Tyler et al, 2018), nationality (Schwartz & Bardi, 1997), age, life stress and education (La Gory et al, 1990) have all been found to have relationships with the quality of life indicators in previous research and were therefore treated as potential covariates. Full details of each of the tested hypotheses with accompanying theoretical explanations are provided in

chapter five.

One cannot know whether potentially observed cross-sectional differences are precursors to, or outcomes of, homelessness experiences without longitudinal observation. Participants in the longitudinal study completed up to four waves of the questionnaire used in the cross-sectional study. The questionnaires indicated participants housing and employment status as well as social support, mental health, self-mastery and values. Analyses were conducted to ascertain whether changes in housing status preceded psychological changes and whether experiencing continued periods of homelessness were associated with psychological changes. Crucially, in order to understand whether psychological interventions may be useful in helping homeless people, changes in psychological factors predicting subsequent improvements in housing and employment status were examined. Detailed methodology for the longitudinal study is provided later in this chapter and the full study can be found in chapter six.

Participants

Inclusion Criteria. The majority of research examines homeless issues through the lens of a particular sub-group, such as homeless youth, people dealing with drug addiction or veterans. Understanding underlying psychological similarities of the apparently heterogeneous homeless population is an intrinsic aim of this research and for this reason the criteria for inclusion was kept as broad as possible. As there was relatively broad inclusion criteria set for homeless participants, control groups used for the

research therefore also required a similarly broad set of criteria. Participants in the qualitative study included homeless people only. In the cross-sectional study participants were recruited into three groups; a homeless sample which were the target population of the research, and two housed control groups comprising of a low socioeconomic status (SES) and a general housed group. The longitudinal study included those participants from the cross-sectional study that completed three successive waves of the questionnaire. Participants were recruited from across the United Kingdom both online and in person through a number of recruitment centres.

Participants were required to be 16 years of age or older, so that they could provide informed consent without the need to consult a parent or guardian (British Psychological Society, 2011). Participants could be from any nationality, gender and background but needed to have completed the questionnaire in the UK. The literacy levels among homeless people is unknown, however illiteracy is believed to be widespread (Warnes, Crane, Whitehead, & Fu, 2003). Assistance completing written material was provided at recruitment centres of homeless and low SES participants to ensure that literacy was not a requirement for recruitment into the quantitative study for these groups. In all but one of the site visits assistance was provided by the primary researcher, however one individual at Trussell Trust Foodbank West Norwood was assisted by one of the middle-aged female volunteers, at their request. The primary researcher sat close to the assistant, while completing the questionnaire with another participant, and requested that the assistant interrupt if the respondent had any questions about the study. The researcher briefed the assistant on the importance of confidentiality and that

it was important not to provide suggestions for completion as the respondent's views were what was of interest. The specific sampling criteria applied in each of the studies and their participant demographics are reported in detail in the relevant chapters.

Exclusion Criteria. Participants were excluded from the research, in line with BPS ethical guidelines (Dobson, 2008), when they were judged to be incapable of providing informed consent due to an inability to understand what the research project involved, even after attempts by the researcher to clarify. People under the influence of drugs and alcohol at recruitment centres were therefore excluded from the study. One participant was paid and their questionnaire discarded at an assessment centre because the individual was clearly under the influence of alcohol and had ticked multiple boxes, demonstrating that they had not read or understood the questions. Participants were excluded from recruitment into follow up time points of the longitudinal study if they met the exclusion criteria above. Participant personal information was gathered and stored in line with ethical guidelines (Dobson, 2008). All online questionnaires where payment was provided were also thoroughly reviewed. Participants that were unable to complete the open field questions were also excluded due to concerns over their comprehension of the questionnaire items. Responses from children under the age of 16 years were discarded to ensure that consent guidelines had not been breached (British Psychological Society, 2011).

All participants who completed the questionnaire outside of the UK were also discarded, as the participants in the homeless sample would be

recruited from within the UK. As these exclusions are part of the ethical and fundamental research criteria for the thesis as a whole, they were made in advance of sample selection in individual studies and specific numbers of those excluded will therefore not be reported.

Recruitment sites and participant remuneration. Participants were recruited online and through a network of ‘recruitment partners’ including; a temporary night shelter, a national charity that provides residential facilities for long term homeless people, food banks and various community-based support programmes. Participants recruited via the recruitment partners were recruited by personal approach with prior consent from the recruitment partners being obtained. Contact with the recruitment partners was established through the personal network of the researcher and the Homeless Link research network. The recruitment partners included: Trussell Trust Foodbanks, the Department of Work and Pensions (Work Programme Providers), Homeless World Cup (England, Wales and Scotland), Pret Foundation Trust, Shelter from the Storm, St Mungo’s and the Stuart Low Trust. All recruitment partners with the exception of the foodbanks and some St Mungo’s sites offered support interventions. All participants were paid £5 for each participation in the quantitative studies. In the qualitative study participants were paid £10 from St Mungo’s and Shelter from the Storm and nothing from Pret Foundation Trust, as per the wishes of the charities. Participants recruited through the recruitment centres were only included in the homeless and low SES samples. A more comprehensive overview of each of the recruitment partners with the details of individual recruitment

approaches and interventions offered, where applicable, can be found in appendix C.

Participants were additionally recruited into the quantitative studies through an online questionnaire with the primary aim of reaching general control group participants. Experiences of homelessness, employment status and level of education were recorded to ensure that homeless and low SES individuals were not erroneously included in the general control group for comparisons. Some homeless and low SES participants responded via the online questionnaire. The online questionnaire replicated the one that was distributed in person at recruitment centres. Where possible, participant recruitment efforts were targeted to residents of the United Kingdom only. People from the USA, Africa, Asia and Australia also completed the questionnaire however their responses were discarded. The questionnaire was posted on the following websites: www.crowdfunder.com; <http://psych.hanover.edu/research/exponnet.html#top>; www.facebook.com; www.twitter.com; www.linkedin.com. Participants were not remunerated for their participation with the exception of Crowdfunder participants, which recruits from the Amazon MTurk platform via the UK, who were paid £1 for their first time point completion of the quantitative study. Full recruitment procedures are outlined for each study later in this chapter.

Ethical Approval

Ethical approval for the studies was granted by the Royal Holloway, University of London, Ethics Committee and the documentation for the ethics

application and approval can be appendix D and E respectively. The research also complies with the British Psychological Society Code of Conduct, Ethical Principles and Guidelines (2011).

Informed Consent. Informed consent to participate in the study was ensured by providing participants with a consent form (appendices F, G and H) detailing key information about the study. Participants were given the opportunity to ask questions in advance of beginning the study. Participants were informed that they did not have to answer any questions they did not feel comfortable answering and had the right to withdraw from the study at any time without penalty and without giving a reason. An official university contact for reporting any queries or concerns was also provided. Participants completing the paper questionnaire were then asked to give their written consent if they wished to participate in the study.

To ensure participants at recruitment sites did not feel coerced or obliged to participate in the study, information was posted about the study at recruitment centres and those participants that were interested would approach the researcher. In cases where approach was made by the researcher, potential participants were asked once if they would like to complete the study and as soon as they indicated that they were not interested they were thanked by the researcher and left alone.

Confidentiality. Participants were informed on the consent form and the questionnaire about confidentiality and its limits. Participants' names and other identifying information were removed from all data and replaced with

a participant number. Identifying information was kept securely and separately from audio-recordings and questionnaires. Questionnaires, recordings, transcripts and other research materials were also kept securely and confidentially on a password protected server. Hard copies of completed questionnaires were stored in a locked cupboard in a locked office in the university. All audio recordings were stored anonymously with participants being given participant identification numbers that were cross-referenced to a spreadsheet with participant information. A transcription service was used to assist with transcription of five interviews. These interviews held no identifying information within the course of the interview and the files were sent with participant numbers as file names for identification.

Potential distress. Whilst some research participants describe the process of reflecting on their experiences as therapeutic (Birch & Miller, 2000), there was a possibility that participants might become distressed during participation in the research. Participants were assured prior to the interview and when completing the questionnaire that they were not obliged to answer the questions and that they could withdraw from the study at any time. This was explained on the consent form and was reiterated verbally by the researcher when present. During the interview study, participants were asked about their plans for the future at the end of the interview, to focus them on the future rather than leaving them to dwell on past events and experiences they may have discussed.

When providing assistance to individuals completing the questionnaire, several individuals began to cry when completing the social

support measure. In these cases they were given tissues and before continuing, were twice offered the opportunity to stop completing the questionnaire. All respondents that had this reaction continued to the end of the questionnaire, by which time they had recovered. Following the first incident of someone reporting that they found the social support measure difficult to respond to, the researcher ensured that anyone who was assisted in completing the questionnaire was told that if there was not anyone that the statements applied to, just to say so and not to worry about trying to think of someone. The researcher assured participants that it was not unusual to not have anyone that offers support.

Study 1: Narratives of homelessness experiences and potential psychological effects.

As the overall methodological approach is mixed-methods in this thesis, it was decided that a qualitative study would first be conducted to explore the context of homeless people in relation to the quantitative measures that were being used. Social influences such as group membership and social structure influence the fluid and complex self-construct (Rosenberg, 1981). The central hypothesis of this thesis is that psychological differences, resulting from experiences of homelessness, may create social barriers that inhibit homeless people from reintegrating back into the housed community. It would be near impossible to devise a measure that would capture the self in its totality (Monrad, 2013). Values are motivators of behaviour (Bardi & Schwartz, 2003), change as a result of significant life

events (Bardi et al, 2009) and are central to the self (Verplanken & Holland, 2002). For this reason values form the foundation of the measures used in this thesis. Experiences of social structures were also measured in order to understand the influence of these forces on the self in the context of the homeless experience.

Interviews were therefore conducted to understand the experiences of homeless people and how they perceived these experiences in changing what was important to them (values). Interviews were chosen over focus groups as they have been shown to facilitate greater disclosure of sensitive topics (Kaplowitz, 2000). The impact of interventions on psychological factors and homeless people's ability to integrate back into the community was also of interest. Therefore the research questions that needed to be explored in the interview were; 1) what were people's experiences prior to and during becoming homelessness, 2) how, in their view, did these experiences impact on what was important to them, 3) what obstacles did they face reintegrating back into society if they were homeless more than once or no longer homeless, 4) what was their experience of support programmes, 5) how would they improve the support that is offered and, 6) what were their future plans. The responses to these questions provided context on which to draw hypothesis, select appropriate measures and interpret the result of the quantitative research.

Evaluation of Research Techniques. The theoretical thematic analysis (Braun & Clarke, 2006) paradigm was used for the interview study as it fitted best with the aims of the study. These aims were, to gain an

understanding of certain topics while still allowing the flexibility for emergent themes to present themselves throughout the process of both gathering the data and the analysis. Theoretical thematic analysis differs from inductive thematic analysis, which looks at the data from the 'bottom up', in that it is driven by the theoretical or analytic interest of the researcher. Prior to selecting the paradigm, several qualitative research paradigms were considered. As the research design was formulated following a literature review, Inductive Thematic Analysis and Grounded Theory (Strauss & Corbin, 1994) were considered an inappropriate choice because they require limited to no previous knowledge of the subject matter. The aim of the study was to explore the context of homelessness in relation to the quantitative measures that were being used. In order to achieve this, it was felt that a broad exploration of key themes related to the quantitative measures would be the best approach rather than conducting a deep analysis of a few cases. Interpretive Phenomenological Analysis (Smith, Osborn, & Smith, 2003) was therefore discarded as a potential research paradigm, as it would provide a very in-depth understanding of a few individuals but would not provide a broad context that could be characterised as representative of homeless people. Framework analysis (Ritchie & Spencer, 2002) was considered as a potential paradigm through which to conduct the research and on closer inspection the research process of framework analysis closely related to the theoretical thematic analysis paradigm. Framework analysis and theoretical thematic analysis both involve formulating broad research questions and conducting interviews which are focused around these questions. The transcripts of these interviews are then coded and overarching themes are

identified within the larger framework. All content is coded to allow for emergent themes beyond the framework. The difference between framework analysis and thematic analysis is that the framework is built to reflect very specific and often diagnostic relationships. Framework analysis explores the relationships between parts of the framework in order to understand patterns and infer causal relationships. As the overall research design is a mixed-method study and the purpose of the qualitative study is to contextualise and complement longitudinal quantitative research, the research aims of this study were not to simulate quantitative relationship inference in qualitative analysis. Quantitative measures will provide a more rigorous indication of actual relationships between factors as semi-structured interviews rely on streams of consciousness rather than discussing specific areas of interest. Theoretical thematic analysis was therefore chosen over framework analysis.

Sampling Methodology. It was decided that a sample of 20 homeless participants would be included as sample sizes for thematic analysis tend to range between 16 - 20 participants to achieve saturation (Guest, Bunce, & Johnson, 2006). Saturation is the point at which no novel themes emerge in the data. In this study saturation was achieved by participant number 18. A sample was initially randomly selected to reduce researcher bias (Shenton, 2004), however when the researcher attended the first 6 interviews scheduled across two sites, the participants had changed their minds about taking part. Opportunity sampling was therefore used for the study after attempts to recruit a random sample initially failed. The homeless participants were recruited through three recruitment partners; St Mungo's, Pret Foundation

Trust and Shelter from the Storm (SFTS). All were recruited by personal approach with prior consent from the charity partners being obtained.

Materials. Semi-structured interviews were conducted with participants that explored participants' experiences of homelessness and perceived value change related to homelessness. The experiences covered the events leading up to homelessness; what people experienced while they were homeless; their experiences of exiting homelessness, if applicable, and their plans for the future. Perceived value change was measured by asking participants what, if anything, became more or less important to them while they were homeless. A full schedule of the questions that were used as a guide for the semi-structured interview can be found at appendix I. During the initial interviews it became apparent that some people struggled to answer questions that probed beyond basic need fulfilment, or experienced difficulty giving more than the simplest of responses. In these cases a statement representing each of the 10 values was read to the participant, for example 'Help those closest to me' which represented the value of benevolence, to ascertain whether experiences of homelessness impacted on their values. Participants were asked to say whether the statement had become more or less important to them or stayed the same. A full schedule of the statements can be found at appendix J.

Procedure. Efforts were made to recruit a gender balanced sample that was randomly selected. People identified were contacted via their key workers and arrangements were made to interview them, however none of the

individuals attended the 6 interviews scheduled across two sites. The prospective female and male participants would agree to be interviewed and then fail to keep appointments, or change their minds, due to the pressures and strains on them at that particular time. Opportunity sampling was then used to find participants, with the researcher attending a site and meeting with whoever was available and willing to be interviewed.

All interviews were conducted in a private room at the location that the research participant had been recruited through. Only the participant and the researcher were present. After completing the questionnaires, the interview commenced. All interviews were recorded using a dictaphone placed on a table between the participant and researcher. No other sound recording equipment, such as microphones, was used. Participants were briefed at the beginning of the interview of the purpose of the interview and confidentiality was reiterated. The researcher explained that although there were set questions that being asked, the interview was largely conversational and participants were not obligated to discuss any topics they did not want to. The researcher also explained that any notes that were taken during the interview would serve purely as a memory prompt for the interviewer, and would be kept confidentially. Sixteen of the 20 interviews lasted between 30 - 60 minutes with two running shorter and two running much longer. The interviewer remained neutral as much as possible, but at times needed to provide reassurance to interviewees. Given the limited social contact and vulnerable situation of many of the participants, it was important to listen to whatever topics the interviewees raised during the interview, before bringing them back to the key topics that were covered in the semi-structured interview

schedule. Although participants were asked to discuss their personal experiences some talked more generally about how homeless people would think and feel. In these instances the researcher would clarify whether that is how the individuals themselves felt. When the interview concluded participants were thanked for their participation and given the contact details of the interviewer if they had any further questions. Many interviewees also said that they would be happy to have a follow up conversation with the interviewer. Half the participants were not remunerated for their participation and the other half were given a £10 gift voucher for a local supermarket; these awards were made in accordance with the wishes of the respective charity partners through which they had been recruited.

Analysis. Theoretical thematic analysis, as the chosen research paradigm for the design and analysis of this study, was conducted according to the instructions of Braun and Clarke (2006). Thematic analysis outlines six stages through which to analyse the research.

1. Familiarising yourself with your data. This stage of analysis requires transcription of the data, reading the data several times and noting down initial ideas. The interviews were transcribed by the interviewer using NVivo 10 qualitative analysis software. Following the transcription of the interviews, each was read at least twice before writing down initial ideas. The initial codes of the data are reported in the analysis section of the interview chapter.

2. *Generating initial codes.* Coding the data in a systematic fashion is then recommended. The data was coded using NVivo 10 qualitative analysis software as the software allows for ease of access and quick reference to the coded data within each level of the coding framework. It was then reviewed and recoded by the researcher to ensure all data had been captured within the codes.

3. *Searching for themes.* The next stage is to collate data into potential themes. The data were split according to themes that aligned to the wider research design. Codes were grouped according to experiences surrounding homelessness, what became more important to people and what became less important to them.

4. *Reviewing themes.* The codes were reviewed and consolidated to include a third level of themes that went between the codes and the overarching themes. At this stage a sample of the coding and themes was reviewed by the research supervisor to ensure coding held against literature and was not biased by one researcher's interpretation of the data.

5. *Defining and naming themes.* Themes were then reviewed and consolidated to include overarching themes. Codes were reviewed and further formed against the following key themes for experiences of homelessness: Antecedents to homelessness, experiences of homelessness, and experiences exiting homelessness. Perceived value change was coded according to values that were discussed during the interview as having

changed in importance. The final coding structure can be found in appendix K.

6. Producing the report. This was the final opportunity for analysis. Compelling extract examples were selected. The extracts and final analysis of selected themes were assessed against whether they related to the research question, overall research design and literature. The full results are reported in the 'Results' section of interview chapter.

Study 2: More than a Home - Understanding the Values, Self-mastery, Social Support and Mental Health of Homeless People Relative to Housed People

A between and within groups cross-sectional questionnaire design was used to measure a groups of homeless people, and housed control groups, on a number of standard psychological instruments. In order to better understand the psychological profile of the homeless sample, homeless people were first compared to housed control groups and then resampled to compare previously homeless people with presently homeless people. Questionnaires were chosen to avoid the attitudes and stigmas of the researchers influencing the results. These judgements can be seen in studies that approach homeless people as an 'undeserved' population (e.g. Buchanan et al, 2004). As previously mentioned, values are central to the self (Verplanken & Holland, 2002) and form the foundation of the measures used in this thesis. Experiences and social structures were measured in order to

understand the influence of these forces on the self in the context of the homeless experience. The participant group (homeless, low SES or general housed groups and previously homeless, first-occasion homeless or recurrently homeless groups) was the independent variable in this design and values, mental health, self-mastery and social support were the dependent variable. In consideration of covariates, the following demographic characteristics have been shown to have a significant relationship with values: age (Fung et al, 2016), gender (Schwartz & Rubel, 2005) and nationality (Inglehart & Baker, 2000; Schwartz, 2004). Age and gender were used as covariates for all analysis and nationality was tested as a covariate to ensure its inclusion did not significantly change findings in related to specific value differences. The relationship between the dependent variables was further explored in line with hypotheses formulated on the basis of the literature review and accounts from participants in the interview study. Age and gender were included as covariates in all analyses.

Sampling Methodology. The aim of the research was to include as diverse a range of homeless people as possible within the sample. Opportunity sampling was used in order to gather as many homeless participants as possible within the data gathering phase. Participants were recruited through recruitment partners into the homeless and low SES groups and online into the general control group. Students were not actively recruited as the age and socioeconomic backgrounds of university students are not representative of the general population. Details of the number of participants recruited through recruitment centres and respective participant payments, if

any, can be found in appendix L. The broad inclusion rationale for participants in the homeless, low SES and general housed groups follows with specific details about the sample selection and demographics reported in the cross-sectional study chapter.

Homeless group. As discussed fully in the literature review, the operational and conceptual definitions of homelessness differ according to region. Individuals were included in the homeless group if they had identified themselves as ‘roofless’ or ‘houseless’. While this may exclude those who are living in ‘insecure housing’ or ‘inadequate accommodation’, this categorisation of homelessness is consistent with previous research practices (Toro, 2007). Specifically, people in the quantitative studies that answered that their housing status was ‘homeless (night shelter, hostel, public place) or ‘supported accommodation (long term accommodation for homeless people)’ were placed in the homeless group. People that had declared that they had previously experienced homelessness, either in the life-event questionnaire or the follow up questions at the end of the questionnaire but had responded with a housing status other than that of the homeless statuses previously outlined were allocated to the ‘previously homeless’ category in the cross-sectional study.

Low socioeconomic status (SES) housed group. Low SES individuals were included as a control group in this research to ascertain which psychological and situational factors are particular to homeless people, and the experience of homelessness, outside of financial difficulties.

Measuring people that are low in SES also provides an insight into the culture which many homeless people transition to following leaving homelessness. Unfortunately there is no consensus definition of SES, however it is often conceptualised as “the social standing or class of an individual or group” (Association for Psychological Science, 2014). It is a construct that reflects access to resources such as; money, power, social networks, healthcare, leisure or educational opportunities (Oakes, 2012) and is often measured as a combination of education, income and occupation (Sheehy-Skeffington & Rea, 2017). Measures of income and wealth are used in international health research as they are believed to be the best indicators of material circumstances (Galobardes, Lynch, & Smith, 2007). In the UK the measures rely heavily on occupational status and the employment sector as indicators of SES (Rose & Pevalin, 2010). In a sample where the majority of low SES individuals would include the unemployed and those in low-income employment, employment related factors did not solely provide a clear indication of a participant’s SES. Provision of council accommodation in the UK is means-tested and is therefore a fairly accurate indicator of low SES (Blundell, Fry, & Walker, 1988). Inclusion criteria therefore for those in the low-SES group for this research was based either on their housing status (indicating that they were accommodated in council housing) or their attendance at recruitment locations (food banks, supported housing and support programmes for the long-term unemployed) where they had not indicated that they were homeless. As access to education is also viewed as an indicator of SES, education level was measured and reported as a demographic characteristic but not used as a covariate in analysis.

General housed group. The inclusion criteria for the general housed group were that participants were not members of the homeless or low-SES group under the criteria specified above. The general housed group typically indicated that they are employed in some capacity, have retired, or are full time students. According to the UK Office for National Statistics (2016), 96% of the population aged 16 and older within the UK meet these criteria. Participants will also have indicated that they own or privately rent their own property. According to data from the England and Wales 2011 census, this represents 82.5% of the housed population (Office for National Statistics, 2013).

Measures. Participants completed a questionnaire pack, either in paper or online depending on whether they were recruited by personal approach or via social networking media. As the questionnaires were planned for use in follow-up waves for the longitudinal study, it was essential to choose reliable instruments. Cronbach's alpha reliabilities for the questionnaires are reported under the individual studies. Given the diverse nature of the homeless population and that nationality was not an exclusion criterion for the research, selecting instruments that had been validated internationally was very important. Confirmatory factor analysis was conducted to confirm the validity of the theoretical factor structure and is later reported. Measurement invariance testing was also conducted to ensure that items were interpreted consistently between the homeless and housed groups for the purposes of intergroup comparisons and the results are also reported

later in this chapter.

Questionnaire pack. The questionnaire pack was titled “What is important to you?” The word ‘values’ was avoided during the administration and description of the research and measures, in order to avoid priming subjects to provide socially desirable or moralistic responses that may be associated with the colloquial understanding of the term. The questionnaire pack included a baseline measure for Values, the PVQ 40 (Schwartz, Melech, Lehmann, Burgess & Harris, 2001), which was included first, to ensure that no other items in the pack primed participants for particular values responses (Verplanken & Holland, 2002). This was followed by a Social Readjustment Scale (modified Holmes & Rahe, 1967) to measure significant life events that may have impacted on people’s values. Demographic information was gathered in the next section and information regarding participation in return-to-work programmes and participants’ expectations of their effectiveness. The Hospital Anxiety and Depression Scale (HADS) was then used to gather information about participants’ psychological wellbeing without environmental confounds (Zigmond & Snaith, 1983). Participants were then measured on scales for Self-Mastery (Pearlin & Schooler, 1978); self-mastery was measured after the Value Questionnaires in order to avoid priming participants for related values such as self-direction or power values. A Social Interaction measure was included to measure the amount of hours homeless individuals spend with social contacts. A Significant Others Scale then measured the emotional and instrumental support offered by these relationships (Power, 2003). A measure was then included to assess the

frequency with which individuals perceive that they have the opportunity to act on their values. The pack concluded with follow up items that directly asked homeless participants whether they believed their experiences of homelessness had changed what was important to them. In reflection of emergent themes of mistrust of the motivations of others during the interview study, and the potential harmful impact this may have on forging helpful social connections to expedite an exit from homelessness, participants were also asked if they generally trust new people they meet. The full questionnaire can be found at appendix M.

Questionnaire revisions. The questionnaire was revised as a result of feedback from participants who found the values measure too lengthy, and the researcher noting that participants struggled to compute the number of hours they were spending with support contacts when they completed the pack. It was also hoped that a shorter questionnaire would improve participant experience and encourage participants to complete the later waves of the longitudinal study. The PVQ40 (Schwartz et al, 2001) values measure, which was often left incomplete, was changed to the shorter PVQ21 (Schwartz, 2003) values measure. Full consideration of the impact of changing the PVQ measure can be found in the description of the values measures later in this chapter and appendix O. The frequency of contact with others question response was changed, from a request of the number of hours participants spent in a week with particular contacts, to a scale rating the frequency ('daily' to 'never') with which participants saw the same contacts. The items were reordered slightly to improve formatting and thereby reduce

pages in the pack to; values (PVQ21), opportunity to express values, demographics, intervention details, significant life events (modified Holmes & Rahe, 1967), mental health (Zigmond & Snaith, 1983), social networks, social support (Power, 2003), self-mastery and details about homelessness, if applicable. The full revised questionnaire can be found in appendix N.

Demographic measures. The demographic measures served several purposes; they enabled classification of group membership; provided descriptive information about the sample and were used as covariates if appropriate to outcomes. The demographic measures included age and gender, nationality and length of time in the UK if a migrant. Participants were also asked about their education, employment and housing status.

Demographic Measures indicating SES. Low SES individuals were included as a control group in this research to ascertain which psychological and situational factors affect homeless people outside of financial difficulties. Measuring those who are low in SES but not homeless also provides an insight into the culture which many homeless people transition to following leaving homelessness. SES is often measured as a combination of education, income and occupation (Galobardes, Shaw, Lawlor, Lynch, & Smith, 2006). Measures of income and wealth are used in international health research as they are believed to be the best indicators of material circumstances (Galobardes et al., 2007). In the UK the SES measures rely heavily on occupational status and the employment sector as indicators. The British Cambridge Social Interaction and Stratification Scale (Stewart, Prandy &

Blackburn,1980) relies largely on employment related factors for measuring SES. The national standard for measuring SES in the UK is the NS-SEC (Rose & Pevalin, 2003) which is formulated by the Office for National Statistics and based on the Goldthorpe (Goldthorpe & Jackson, 2007) measure. The NS-SEC classifies SES on employment status and conditions of employment. In a sample where the majority of low SES individuals would include the unemployed and those in low-income employment, employment related factors did not solely provide a clear indication of a participant's SES. Inclusion criteria therefore, for those in the low-SES group for this research, is based on a combination of their attendance at recruitment locations (food banks, supported housing and support programmes for the chronically unemployed) and housing status (council accommodation).

Education. Although access to education is viewed as an indicator of SES (Sheehy-Skeffington & Rea, 2017), education levels were measured and used as a descriptive statistic in the analysis rather than a direct criterion for classifying someone in the low SES group. Participants were asked to select their highest level of earned, or currently enrolled, educational attainment. Coding education can be ordinal, continuous or categorical with each approach presenting its own methodological challenges. Categorical coding in particular can be overly simple or too complex (discussed in Connelly, Gayle & Lambert, 2016). In order to provide informative results without creating overly complex analysis, educational categories were reduced from ten categories to three and were coded as an ordinal variable. Categories included: 1=no schooling/some schooling (no schooling; some high school,

no diploma), 2= high school (high school/HED; some college, no degree), 3=higher education (technical/trade/vocational training; bachelor's degree; master's degree; professional degree; doctorate degree).

Housing status. This was measured on a six point checkbox with options including 'Homeless (Night shelter, Hostel, Public Place)', 'Supported Accommodation (Long term accommodation for homeless people)', 'Staying with friends or relatives', 'Staying in your own Council Property', 'Privately rented or owned accommodation' or 'Other'. This measure was used to classify individuals as homeless if they declared that they were homeless or living in supported accommodation and had experienced homelessness. Those that declared that they live in council accommodation were classified as low SES as it is means-tested and is provided to individuals with low SES (Blundell, Fry, & Walker, 1988).

Employment status. This was measured with a checkbox indicator with options including; unemployed (= 1), volunteering (=2), unpaid employment (=2), part-time paid employment (=3), full-time paid employment (=4), self-employed (=4). The categories were not mutually exclusive. Employment status was used for description of each of the samples with the highest scoring status being used.

Demographic Measures indicating Intervention Status. Whether or not participants have ever or are currently participating in an intervention (=1) was measured to differentiate between those that are and are not in an

intervention (=0). Participants who were in an intervention then had the opportunity to select which interventions they were involved with from a list, with an 'other' option included. Length of time participating in an intervention was also measured for use as a covariate.

Demographic Measures indicating Homeless Status. Whether participants were presently homeless, the length of time that participants had been homeless, whether participants had slept rough (in the street, park or other public space), whether participants had been homeless more than once and the length of time since their last experience of homelessness were included to enable description of the homeless sample. Within group comparisons of the homeless sample were also made to understand the psychological impact of these factors.

Values. As discussed in the literature review, values are central to the self, relate to wellbeing and reflect environmental and situational changes. Several values measures were considered prior to selecting the final measure including the Schwartz Value Survey which was discounted for being too abstract (Schwartz & Bilsky, 1987) and the revised PVQ values model (Schwartz et al., 2012) which was a new measure at the time of formulating the questionnaire and therefore not sufficiently validated with samples in previous research. The 21-item Portrait Value Questionnaire (PVQ21; Schwartz, 2003) was originally discounted for not having enough statistical reliability however it was decided that the measure would replace the 40-item Portrait Value Questionnaire (PVQ-40; Schwartz, Melech, Lehmann,

Burgess & Harris, 2001) as participants complained about the length of the questionnaire and would often leave the PVQ40 incomplete. The decision to switch these measures was made to reduce participant fatigue. It was felt that the impact on potential longitudinal attrition and validity of responses as attention waned during completion warranted the decision. The PVQ21 measures each of the 10 motivationally distinct types of values with two questionnaire items (three for universalism). In both measures, each questionnaire item contains sets of related statements that reflect the desired outcomes of one of the 10 universal values identified by Schwartz (1992). Respondents then rated how closely each statement reflected their views on a 6 point Likert scale with responses ranging from “Exactly like me” (=6) to “Not like me at all” (=1). Both values measures were amended from their original third person to first person reflective statements e.g. “I think it is important that every person in the world be treated equally. I believe everyone should have equal opportunities in life.” The change to first person items was made in order to avoid judgments, and subsequent socially desirable responses, that may occur when considering the traits of others and how these relate to you. Longitudinal quantitative research can provide insight into actual changes in values over time, provided that the scales are used consistently and gauge the same value of an outcome at each occasion of measurement (Singer & Willett, 2003). Therefore measures that are self-reflective rather than requiring comparisons to external variables, such as other people, are essential in design of longitudinal study. Participants completed the PVQ40 ($n=505$) and the PVQ21 ($n=503$) in the cross-sectional study, which was also used as the dataset for wave 1 of the longitudinal study.

A possible option for addressing this was sampling purely on the basis of participants that had completed the PVQ40. This would have provided sufficient participants for the cross-sectional study, however the PVQ21 was the only values measure completed by participants in waves 2, 3, and 4 of the longitudinal study and therefore ensuring the equivalence of participant scores between questionnaires for the longitudinal analysis was imperative.

Differences between PVQ21 and PVQ40 questionnaire items. The PVQ21 and PVQ40 overlap exactly on the phrasing and placement of 16 of the 21 items. The items that vary affect security (item 14), hedonism (item 10 and 21) and stimulation (items 6 and 15) values. The phrasing and placement of the first 20 items is largely the same with hedonism, security and stimulation values items varying only slightly between the questionnaire phrasing and holding consistent placement positions. Item 21 on the PVQ21 measures hedonism values and in PVQ40 measures security values. A full comparison of the questionnaire items and their related values can be found in appendix O.

Scoring methodology and tests of equivalence. As the analysis is conducted on centred means, rather than cumulative scores, the first option considered and tested was the computation of values for each group according to the questionnaire they had completed. This choice held appeal as the computation of the separate values measures is established in the literature and it addresses differences in questionnaire items and ordering that could arise from truncating the PVQ40 into the PVQ21. The structure of values has

been consistent between the use of the two measures in the literature showing that even though the PVQ21 uses reduced items, it largely covers the same constructs and replicates their interrelationships with one another. There was however a concern that the inclusion of more measures in the PVQ40 may reduce the variance of the centred mean calculation for those participants. If this was found it would make comparisons between participants that completed the PVQ21 and PVQ40 non-equivalent.

To test whether using reduced items in the calculation of the centred means would result in non-equivalent centred means scores, centred means scores were calculated for longer (40 items) and shorter (first 20 items) computation strategies, and compared with a repeated measure ANOVA on participants that had completed the PVQ40. A comparison between centred means calculations showed they were significantly different $F(1, 722) = 187.42, p < .001$ which suggested that values scores would differ depending on whether items were calculated with the PVQ40 or PVQ21. It was therefore decided that the questionnaires would need to be calculated in a way that ensured symmetry between the PVQ40 and PVQ21.

In line with established research practice (Cieciuch, Davidov, Schmidt, Algesheimer & Schwartz, 2014), hedonism values related questionnaire items were excluded. No hypotheses had been formulated regarding hedonism values in the study and the two items related to hedonism values were the only two in the questionnaire that were not consistent between the PVQ40 and PVQ21. Additionally, there were no hypotheses regarding stimulation and social security values which were the only other items that varied slightly. The mean value rating was therefore recalculated on items

one through nine, and eleven through twenty. Values scores were then centred in line with the mean value rating. Comparisons were then made on each of the 9 remaining values excluding hedonism for all participants that completed the PVQ21 measure to determine whether revising the calculation on the basis of 19 values significantly changed participant responses, it did not.

Confirmatory factor analysis was further conducted on the entire wave 1 sample ($n=1008$) with each of the 19 value questions regressed onto latent variables representing each of the 9 remaining values to ensure that the factor structure was representative. Confirmatory factor analysis of the nine values showed satisfactory model fit $\chi^2(116) = 530.20, p < .001$, CFI = .91, TLI = .87, RMSEA = .06, SRMR = .04 even without including correlations between the latent variables (values) in the model which would have improved model fit considerably. Each of the questionnaire items significantly predicted their expected corresponding values (all at $p < .001$). The CFA results for each of the questionnaire items and their respective values can be found in appendix P1. Confirmatory factor analysis of the four higher-order values showed satisfactory model fit $\chi^2(146) = 810.87, p < .001$, CFI = .86, TLI = 0.84, RMSEA = .067, SRMR = .055 even without including correlations between the latent variables. Each of the questionnaire items significantly predicted their expected corresponding values (all at $p < .001$). The CFA results for each of the questionnaire items and their respective values can be found in the second part of appendix P1.

Now that the 19 item calculation has shown to represent participant's views and holds stable factor structure in line with previous research, the next

step was to ensure measurement invariance prior to intergroup comparisons. In order to test whether this option would be suitable, measurement invariance tests were conducted on the four higher order values (self-transcendence, openness to change, self-enhancement and conservation). Invariance tests were conducted on the higher order values as the models would be under-identified (Milfont & Fischer, 2010) with two variables explaining each latent variable. The methodology and results of the measurement invariance tests will separately be later in this chapter. It should be noted that metric and partial scalar invariance were both found when comparing intergroup responses of the PVQ19 which has not been achieved in previous research comparing across nations (reviewed in Cieciuch et al, 2014). This means that using the PVQ19 was found to be suitable for intergroup comparisons regardless of whether participants originally completed the PVQ21 or PVQ40 and will therefore be the measure used when discussing values in the quantitative study.

Life-event Scale. A 15-item modified and condensed version of the Social Readjustment scale (Holmes & Rahe 1967) was included to provide an indicator of the effects of cumulative life stressors, give descriptive information about the samples and test whether individual measures indicated a variation in values, self-mastery and mental health scores. Participants were provided with a list of stressful life events and asked to select whether they had experienced them in their lifetime (=1), in the last six months (=1) or not at all (=0). The boxes were not mutually exclusive. If participants had selected that something had been experienced in the last 6 months, it was

coded to being experienced in their lives as a default, regardless of whether they had expressly ticked both. Life events over the course of a lifetime were descriptive of the sample in that they provide an indication of current and cumulative stress. The life events that occurred in the last 6 months were used as a covariate for wellbeing and value change. Life events included: death of immediate family member or close friend; becoming a parent; relationship difficulties/separation from long term partner; started a new relationship / reunited with relations; jail term; dismissal, redundancy or retirement from work; significant change of financial situation; volunteering; change of profession; moved from home country; frontline military service; homelessness; drug or alcohol addiction and mental health problems. These events aligned closely to life events that typically lead people into homelessness (Homeless Link, 2012). An option for 'Other significant life event' was available to capture significant events that may affect value change or wellbeing not included in the list. Following feedback from one of the charity partners two additional items were added to the scale including whether someone had received a criminal conviction or whether they had experienced care (e.g. foster care / social services).

Mental health. When selecting an instrument it was extremely important to find a measure that did not rely on environmental or physiological factors. Many well known instruments include items such as 'I don't sleep as well as I used to' (e.g. Beck, 1961). Although the Beck Depression Inventory (1961) is the most widely used measure when assessing depression in homeless people, it is the view in this thesis that this type of

scale is not suitable for people who may be sleeping rough or living in a shelter as they are experiencing environmental disruption. The hospital anxiety and depression scale (HADS) measures anxiety and depression (Zigmond & Snaith, 1983) without confounding by somatic symptoms of physical disorder, and is widely used for this purpose. The HADS has been shown to be valid concerning its independence of physical symptoms. The extent to which its items robustly measure the identified constructs with varying clinical populations and situations, and its capacity to differentiate anxiety and depression have been tested (Johnston, Pollard, & Hennessey, 2000).

Self-Mastery. Self-mastery is the extent to which a person perceives their life-chances as being under their own control, in contrast to being fatalistically ruled by an external entity. Self-mastery is also seen as an outcome of effective coping with life stress and changes. Social and economic status has been found to have the strongest positive association with self-mastery (Pearlin & Schooler, 1978). The Pearlin Self-mastery scale (Pearlin & Schooler 1978) was used and has 7 items containing a mix of positive and negative statements related to self-mastery, e.g. ‘I have little control over the things that happen to me’. This scale has been widely applied and has proven to be valid and internally reliable with sound factor structure across languages, cultures and settings. (Schmitt & Allik, 2005).

Social Networks and Support. Social Networks are defined as the structure of support an individual has around them. It includes the size of the

network, composition of members (e.g. family, friends, colleagues) and the proximity and accessibility of members. Social support is defined as the emotional, instrumental, and financial help that is available from one's social network (Berkman, 1984; Toro, 2008). The function of social networks within the homeless community largely serves the purpose of guidance to accessing food, social support, protection and other resources (Tyler, 2011). The relationship between a low quality of community environment and psychological wellbeing has been shown to be mediated by social support in low-income women (Lin, 2009; Richmond, 2007). However, the results of studies measuring the relationship of social support to wellbeing within the homeless population have been quite inconsistent (Toro, 2008). There is also very little literature that measures the relationship between social relations and support and the outcomes over time with homeless samples. (Toro, 2008).

The present research measures the composition and amount of time homeless people spend with their social networks. A perceived interpersonal closeness scale (Popovic, Milne & Barrett, 2003) was considered, but discarded due to the complexity of the measure for participants to answer and the impracticality of including it in a simple questionnaire. A brief social network measure was therefore devised to measure the amount of contact (hours) individuals have with social contacts including homeless friends, friends who are not homeless, family, support workers and work colleagues. This was then simplified to a measure from 'daily' to 'never' and participants could also indicate if these relationships were not applicable. A Significant Others Scale (SOS) then followed to indicate the quality of these relationships by measuring emotional and instrumental support offered by these

relationships (Power, 2003). The SOS appealed as a measure because of its relative simplicity and the fact that it distinguishes between emotional and instrumental support. For many homeless or low SES people their relations may offer strong emotional support, which could help with a feeling of wellbeing (Rueger, 2016), but not instrumental support due to a lack of resources. By answering ‘yes’ or ‘no’, participants were asked to indicate whether each of the aforementioned social network groups offered emotional support or instrumental support. The 10 items included in the scale had 5 items that measured emotional support e.g. ‘I feel that I can trust, talk to frankly and share feelings with’ and 5 items for instrumental support e.g. ‘I feel that I can get financial and practical help’. Social support and networks were used as a dependent variable in studies 2 and 3.

Opportunity to express values. Value preferences may be influenced by the opportunities which an individual is given to express certain values (Bardi & Goodwin, 2011). A measure of the opportunity to express values was devised for the study for use as a covariate of value preferences. Given the length of the questionnaire, a short 10-item questionnaire was designed which asked participants to indicate how often they have the ‘opportunity to’ express each of the 10 values (Schwartz,1992), with ‘Always’ being the highest and ‘Never’ being the lowest score. Examples of the items included in the measures are ‘Help those closest to me’ which measures benevolence values, and ‘Succeed in the eyes of others’ which measures achievement values.

Multi-group invariance. In order to compare constructs between groups, for example, mental health, self-mastery and values, it is important to ensure that all the groups understood the items in the questionnaire the same way. The ‘forward’ multi-stage procedure of multiple-group confirmatory factor analysis (MGCFA) using MPlus 7 statistical analysis software was conducted as per the guidelines of Dimitrov (2010) and Muthén and Muthén (2012). Forward MGCFA is a multi-stage testing procedure where comparisons of a series of models are made by running from the least constrained model to the most constrained model. At each stage, the model fit is compared between each of the stages. If the model fit indices lower significantly when a constraint is placed on the model, it is interpreted as the model not achieving invariance on that particular constraint. Chen (2007) outlines the recommendations for delta in model fit indices, according to sample size, which are summarised in Table 3.1.

Table 3.1 Goodness of fit indexes Delta between original fit and the more constrained model values for significance (Chen, 2007).

<i>Fit indices</i>	<i>Total n<300 Unequal sample sizes</i>	<i>Total n>300 Equal sample sizes</i>
CFI	$\Delta \leq .005$	$\Delta \leq .010$
TLI	$\Delta \leq .005$	$\Delta \leq .010$
RMSEA	$\Delta \geq .010$	$\Delta \geq .015$
SRMR	$\Delta \geq .025$	$\Delta \geq .030$

The model fit indices and their indicative thresholds for goodness-of-fit indication are: the comparative fit index (CFI $\geq .95$; Bentler, 1990), Tucker–Lewis index (TLI $\geq .95$; Tucker & Lewis, 1973), standardized root mean square residual (SRMR $\leq .08$), and root mean square error of approximation (RMSEA $\leq .06$; Steiger, 1990). When selecting fit indices to analyse it is important to remember that they are “typically overestimated for small samples ($n < 200$), although RMSEA and CFI are less sensitive to sample size than others” (e.g., Fan, Thompson, & Wang, 1999 cited in Dimitrov, 2010). The invariance tests were conducted on the first wave of the longitudinal data. Attempts at conducting invariance tests with the study 2 sample were unsuccessful, power of measurement invariance tests are very low for samples of around 100 (Meade & Kroustalis, 2006 cited in Dimitrov, 2010) and models do not execute due to being under identified (as was the case for the values measure). Attempts were made but issues that prevented models from running (e.g. inter-correlations between questionnaire items = 1 in the depression and anxiety invariance tests) meant that these groups could not be tested. Using MIMIC models to run invariance tests has

been suggested as an alternative when group sizes are smaller (Muthen & Muthen, 2012) however these models assume factor loading non-variance and therefore increase the rate of type 1 error (Kim, Yoon & Lee, 2012). The absence of invariance tests in study two is a limitation however many of the participants overlap with the participants in wave one of study three and therefore the calculation of variables will be conducted in line with the findings of the following invariance test results.

The first stage of the MGCFA tests the model in each group individually by running a simple confirmatory factor analysis. If invariance is found at this stage, configural invariance has been achieved. Configural invariance assumes that there is the same pattern of loadings (i.e. items load in the same position) on the factors across the groups. The second step is to test the least constrained model between all groups allowing for all parameters to load freely i.e. the parameters are not fixed to equality between the groups. The third step holds all the factor loadings equal across the groups to test whether there is invariance in factor loadings between the groups. If invariance is achieved at this stage, metric invariance has been achieved and comparisons can be made between the latent factor and other variables across groups because a one-unit change in one group would be equal to one-unit change in another group. Metric invariance alone is considered fairly weak measurement invariance. The fourth step is to hold factor loadings and intercepts equal across the groups to test for metric invariance and equal item intercepts. If invariance is achieved at this stage, scalar invariance has been achieved. Scalar invariance is considered very strong measurement invariance however it is rarely achieved (Muthén & Muthén, 2012). MPlus

provides modification indices in their output which identify items that could be significantly influenced by group status (i.e. covariate). If the model does not significantly worsen following an allowance for a minority of scale items to vary, then partial measurement invariance has been achieved. If more than a majority of questionnaire items varies, then structural comparisons (e.g. comparisons of means) between the groups should not be made, or otherwise made with caution (Muthén & Muthén, 2012).

Confirmatory factor analysis. Confirmatory factor analysis was conducted to confirm the validity of the theoretical factor structure of each of the observed variables and contribution of each of the factors to the latent variables being tested. Each of the questionnaire items that relate to theoretical variables were included in models with the item measured being coded as a latent variable (unknown) rather than an observed variable (calculated mean score by group). Standardised loadings are reported for each factor across all groups and then across each of the sub-groups in appendices P1, P2, P3 and P4. Standardised loadings aid in interpretation of the results as they always range between 0 and 1, and can be interpreted as a regression coefficient (Bonneville-Roussy, 2015). The value thresholds for interpretation are: $<.30$ - $.40$, factors have low explanatory power; $.40$ - $.70$ factors have medium explanatory power and; $>.70$ factors have high explanatory power (Bonneville-Roussy, 2015). The following are the results for the multi-group invariance testing and CFA conducted on grouping by wave 1 housing status: homeless or supported accommodation (=homeless), council housing (=low socioeconomic status housed), privately rented or

owned accommodation (=general housed).

Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983).

Depression and Anxiety. The baseline model allowed anxiety and depression to be predicted by their 7 respective indicators. The model showed metric invariance however it did not show scalar invariance. The modification indices were therefore checked and items 1 and 6 from the anxiety scale and item 5 and 7 from the depression scale were allowed to freely vary, this model is identified as model four in the results table 3.2. The groups showed metric and partial scalar invariance on the HADS scale for depression and anxiety therefore it was suitable to use the measure in its original format.

Table 3.2. Model fit and nested model comparisons for multi-group CFA analysis of Depression and Anxiety by Housing Group

<i>Depression and Anxiety</i>	χ^2	<i>df</i>	<i>CFI</i>	<i>TLI</i>	<i>RMSEA</i>	<i>SRMR</i>	<i>Nested model comparisons</i>		
							<i>Comparison to</i>	<i>Change in CFI</i>	<i>Change in RMSEA</i>
Model 1 Configural	640.36	228	0.889	0.867	0.084	0.069			
Homeless									
Low SES	209.32	76	0.848	0.818	0.097	0.078			
Gen Pop									
Model 2 Metric	671.77	252	0.887	0.877	0.080	0.075	configural	0.002	0.004
Model 3 Scalar	742.26	276	0.874	0.875	0.081	0.078	metric	0.013*	0.001
Model 4 Partial Invariance	698.76	275	0.884	0.881	0.079	0.075	metric	0.003	0.001

Note: Model 1 = all parameters free, model 2 = constrained factor loadings, model 3 = constrained factor loadings and thresholds. CFI = comparative fit index, TLI = Tucker-Lewis index, RMSEA = root mean square error of approximation

Mental Health. A separate factor called mental health was also computed using all 14 indicators, as depression and anxiety are highly correlated in all groups and including an overall factor would simplify the analysis. The model did not show metric or scalar invariance. The

modification indices were therefore checked and items 1 and 6 from the anxiety scale and item 5 and 7 from the depression scale were allowed to freely vary. This model is identified as model four in the results table 3.3. Scalar invariance was found in the modified model. In light of the findings that depression and anxiety have both partial metric and scalar invariance and the fact that mental health is calculated as a sum of the mean scores of depression and anxiety, rather than a mean score of all 14 items, this finding was satisfactory.

Table 3.3. Model fit and nested model comparisons for multi-group CFA analysis of Mental Health by Housing Group

<i>Mental Health</i>	χ^2	<i>df</i>	<i>CFI</i>	<i>TLI</i>	<i>RMSEA</i>	<i>SRMR</i>	<i>Nested model comparisons</i>		
							<i>Comparison to</i>	<i>Change in CFI</i>	<i>Change in RMSEA</i>
Model 1 Configural	921.64	231	0.813	0.78	0.108	0.079			
Homeless	327.95	77	0.729	0.679	0.118	0.097			
Low SES	281.03	77	0.767	0.724	0.119	0.088			
Gen Pop	312.66	77	0.876	0.854	0.093	0.059			
Model 2 Metric	975.94	257	0.806	0.794	0.105	0.086	configural	0.007*	0.003
Model 3 Scalar	1045.73	283	0.794	0.801	0.102	0.089	metric	0.019*	0.003
Model 4 Partial Invariance	1000.01	275	0.804	0.806	0.101	0.087	metric	0.002	0.004

Note: Model 1 = all parameters free, model 2 = constrained factor loadings, model 3 = constrained factor loadings and thresholds. CFI = comparative fit index; TLI = Tucker-Lewis index; RMSEA = root mean square error of approximation.

Self-mastery (Pearlin & Schooler, 1978). The baseline model allowed self-mastery to be predicted by its 7 indicators. While the baseline model was significant for all groups overall, metric and scalar invariance were not achieved, even when allowing for partial invariance based on suggestions of the modification indices. On closer inspection of the output of the CFA, it was found that the positively phrased items had very low explanatory power of the self-mastery factor. Those items (4 and 6) were removed from the model and the model achieved metric invariance and marginally significant

scalar invariance. On the basis of these results, items 4 and 6 were removed from the mean calculations of self-mastery and self-mastery was used for between group comparisons. Full results can be found in table 3.4.

Table 3.4. Model fit and nested model comparisons for multi-group CFA analysis of Self-mastery by Housing Group

<i>Self-mastery</i> (7 indicators)	χ^2	df	CFI	TLI	RMSEA	SRMR	<i>Nested model comparisons</i>		
							Comparison to	Change in CFI	Change in RMSEA
Model 1 Configural	158.44	42	0.915	0.873	0.105	0.059			
Model 2 Metric	186.30	54	0.903	0.887	0.099	0.082	configural	0.012*	0.006
Model 3 Scalar	263.25	66	0.856	0.863	0.109	0.108	metric	0.047*	-0.010
Model 4 Partial Invariance	188.51	60	0.906	0.902	0.092	0.082	configural	0.009*	0.013*
							metric	0.003	-0.010
<i>Self-mastery</i> (5 indicators)									
Model 1 Configural	307.06	48	0.811	0.752	0.146	0.139			
Homeless	62.80	16	0.853	0.807	0.114	0.086			
Low SES	78.36	16	0.815	0.757	0.147	0.138			
Gen Pop	165.90	16	0.790	0.725	0.164	0.165			
Model 2 Metric	317.37	56	0.809	0.786	0.136	0.143	configural	0.002	0.01
Model 3 Scalar	333.73	64	0.803	0.803	0.129	0.145	metric	.006*	0.002

Note: Model 1 = all parameters free, model 2 = constrained factor loadings, model 3 = constrained factor loadings and thresholds. CFI = comparative fit index, TLI = Tucker-Lewis index, RMSEA = root mean square error of approximation.

Values – PVQ19 (Schwartz, 2003). Measurement invariance was tested on the four higher order values excluding hedonism values. The reason for this was that all individual value items have two indicators on the PVQ21 except for universalism values which has three. If analysis was conducted with two factor indicators the model would not work properly as it would be under-identified (Milfont & Fischer, 2010). Metric invariance was achieved for the higher order values however scalar invariance was not achieved. Following a review of the modification indices, questionnaire items 4, 15 and 16 were allowed to vary and partial scalar invariance was achieved. It was therefore decided that the measure was suitable for intergroup comparisons in its original format. Full results can be found in table 3.5.

Table 3.5 Model fit and nested model comparisons for multi-group CFA analysis of Values by Housing Group

<i>PVQ19</i>	χ^2	<i>df</i>	<i>CFI</i>	<i>TLI</i>	<i>RMSEA</i>	<i>SRMR</i>	<u><i>Nested model comparisons</i></u>		
							<i>Comparison to</i>	<i>Change in CFI</i>	<i>Change in RMSEA</i>
Model 1 Configural	1019.31	438	0.824	0.794	0.074	0.071			
Homeless	348.13	146	0.783	0.746	0.079	0.073			
Low SES	300.92	146	0.827	0.798	0.078	0.074			
Gen Pop	370.26	146	0.849	0.823	0.067	0.067			
Model 2 Metric	1057.31	468	0.822	0.805	0.072	0.076	configural	0.002	0.002
Model 3 Scalar	1156.30	498	0.801	0.795	0.073	0.079	metric	0.021*	0.001
Model 4 Partial Invariance	1090.75	492	0.819	0.811	0.070	0.078	metric	0.003	0.002

Note: Model 1 = all parameters free, model 2 = constrained factor loadings, model 3 = constrained factor loadings and thresholds. CFI = comparative fit index; TLI = Tucker-Lewis index; RMSEA = root mean square error of approximation.

Social Support. It is plausible that social support means different things to different people. Various types of social support may also predict overall social support differently on an individual basis. The people offering social support also varied between the groups. For example, those in the homeless sample are more likely to have indicators of social support from homeless friends than other groups, whereas those in the general control group are more likely to have social support indicators from work colleagues than the other groups. For this reason, social support in the family was the only measure that was looked at across all groups to identify whether there was invariance in the groups. Configural and then scalar measurements were assessed, however metric measurement was not assessed in this model as is not available when categorical outcomes are binary, resulting in the model not being identified in Mplus (Muthén & Muthén, 2012). Scalar invariance was achieved for the model. It was therefore decided that the measure was

suitable for intergroup comparisons in its original format. The full results can be found in table 3.6.

Table 3.6. Model fit and nested model comparisons for multi-group CFA analysis of Social Support by Housing Status

<i>Social Support</i>	χ^2	<i>df</i>	<i>CFI</i>	<i>TLI</i>	<i>RMSEA</i>	<i>Nested model comparisons</i>		
						<i>Comparison to</i>	<i>Change in CFI</i>	<i>Change in RMSEA</i>
Model 1 Configural	110.15	102	1.000	0.999	0.018			
Homeless	35.32	34	1.000	1.000	0.014			
Low SES	40.19	34	0.998	0.997	0.033			
Gen Pop	34.02	34	1.000	1.000	0.001			
Model 2 Scalar	129.58	114	0.999	0.999	0.024	configural	0.001	0.006

Note: Model 1 = all parameters free, model 2 = constrained factor loadings, model 3 = constrained factor loadings and thresholds. CFI = comparative fit index; TLI = Tucker-Lewis index; RMSEA = root mean square error of approximation.

Procedure. Some participants were recruited online and others were recruited in person. Homeless, general control group and low SES participants all responded via the online questionnaire, although the majority of participants were from the general control group. Recruitment of homeless and low SES individuals took place in person at recruitment centres mentioned earlier in this chapter, full details of which can be found in appendix C. The reason for recruitment in person was to ensure that people with literacy or concentration problems could be assisted by the researcher in completing the questionnaire and would therefore be included in the research. While specific figures of literacy in the homeless population are not available, reports from one of the recruitment partners were that levels are around 50%. Anticipation for literacy issues has been considered in previous research with homeless people (Fitzpatrick, Johnsen, & White, 2011). In the final sample, 532 people were recruited online and 475 were recruited on site. Of the participants that were recruited on site, 47 of the participants were assisted by the researcher to complete the study.

On-site recruitment. For on-site recruitment, the researcher arranged a date and time with the management of a particular location to attend their premises and conduct recruitment. Several of the residential facilities advertised that a researcher would be attending the premises to gather data and that a £5 voucher would be available to those who participated. Only one centre registered interest from clients in advance of the researcher attending the premises. On arrival, the researcher found the on-site contact and after introductions, was taken to a common room (usually the eating or seating area of the location). If there were people seated in the area the researcher would approach them directly and ask if they were interested in participating in the study. If people were not sitting in a common area the staff or volunteers would be accompanied by the researcher and notify people that there was a study taking place and asked if they would like to participate. If clarification was sought prior to receiving the consent form, the researcher would explain that the study was a 20 minute questionnaire about what is important to people in their lives and their life experiences. The researcher would additionally explain that a £5 voucher would be given to people who participated in the study. If an individual said they would be interested in participating in the study then the researcher would ask whether they would like assistance completing the questionnaire or whether they would complete it on their own. If people said that they would complete the questionnaire on their own then they were provided with a pen, and asked to read and complete the consent form in advance of completing the questionnaire. It was explained that if they had any questions, at any point until completion, to approach the researcher

and she would respond to them. When someone said that they would like to be assisted with completing the questionnaire, the researcher sat with them and read the consent form and information and answered any questions about the study. It was explained that it would take between 30 - 60 minutes to complete the questionnaire. The researcher also explained that if there were any questions that the person did not want to answer they could just say 'pass' and move onto the next question. Once the person had completed and signed the consent form, the researcher then went through each part of the questionnaire reading out each question and the responses. Some participants had a copy of the questionnaire to refer to when there were multiple responses to a question. It typically took people between 30 - 60 minutes to complete the questionnaire depending on how talkative the participant became during the questionnaire administration. Some participants provided detailed explanations prior to, or following, responding to a question. Once participants had completed the questionnaire they were thanked for their time and given the £5 gift voucher, even if their questionnaire was only partially completed. Independence was as far as possible maintained during the data collection process. All of the assisted participants were unable to confer with the researcher with regards to their answer. On several occasions participants who were assisted asked what a 'normal' response was to particular items. The researcher explained that the respondent's personal views and experiences were what were of interest.

Many of the recruitment centres involved people completing questionnaires in a room with several participants completing them at any given time. The researcher was present during completion and if a participant

discussed their responses or watched over another participant completing the questionnaire, as soon as this occurred, they were politely requested by the researcher to stop doing so. One questionnaire was discarded completely as a participant who had already responded took a questionnaire to another respondent and completed it with them in a room separate from the researcher. In this instance the independence of this respondent was unknown and therefore the response was discarded.

There was no way of knowing exactly how many participants would complete the study at any given location. At some locations participation was lower because potential participants were going out but wanted to participate later, or in some cases potential participants were at work. On these occasions, stamped addressed envelopes with a copy of the questionnaire and consent form were left at the location for participants to complete at their convenience. There were 152 participants who completed and returned the questionnaire via the postal service, 32% of the total offline sample. Postal participants were requested to provide a return postal address on their consent form and were posted a £5 voucher with a cover letter thanking them for their participation on receipt of this.

Online Recruitment. Participants who were recruited online completed the questionnaire in different locations. Whether they discussed their responses with others is unknown as the researcher was not present, however the closed questions included in the questionnaire and the online format of the questionnaire did not lend itself to discussion. The researcher distributed the link to the questionnaire via social networking media

including Facebook, Twitter and LinkedIn. This in turn was distributed by some of the individuals who had completed the study. The study was also advertised on the American Psychological Science website of studies under the Social Psychology Section (<http://psych.hanover.edu/research/exponnet.html#Social>). To ensure that the control group was representative of the wider UK public and not biased toward any particular location or gender, it was also advertised on Crowdfunder which is a website that uses the Amazon MTurk platform for recruiting participants for research and other crowd-sourcing. Online questionnaires where payment was provided were reviewed with more rigour to ensure that participants completed the open field questions in a manner that demonstrated comprehension of the questionnaire items. If the responses did not reflect an understanding of the questions then they were deleted to ensure that random responses had not been given to the scales and that informed consent had been given when completing the online questionnaire.

Analysis. The data were analysed using the statistical analysis software IBM SPSS 21. Analyses were conducted looking at relationships between factors and differences between groups. The following analyses were conducted.

Parametric data assumption testing.

Normality. The Kolmogorov-Smirnov test and Shapiro-Wilk test was run looking at the Homeless, Low SES and General control group samples on

the each of the values (power, achievement, stimulation, self-direction, universalism, benevolence, tradition, conformity and security), self-mastery, depression, anxiety and mental health. A full table of results can be found at table 3.7. Within the homeless sample, self-mastery and the universalism values were significantly non-normally distributed in both tests. Within the low SES sample, depression and anxiety and the conformity values were significantly non-normally distributed in both tests. Within the general control group sample, self-mastery, depression, anxiety and universalism values were all significantly non-normally distributed in both tests. Following the procedure described in Field (2013) examination of the histograms, P-P, Q-Q plots and the values of skewness and kurtosis were reviewed. The vast majority of participants in the groups did not deviate from a perfect normal distribution and with a few outliers in each sample of non-normally distributed samples. As sample sizes and representation of the population increases, outliers tend to increase to around 1% of the sample (Osborne & Overbay, 2004). While outliers may have a fairly deleterious effect on power and increase the risk of a type 2 error (Osborne & Overbay, 2004), outliers were included in the analysis. This decision was taken on two grounds: first, the results of the visual inspections showed the findings to be sufficiently normally distributed to run parametric tests; second, the aim of the research is to determine effects that are true to as broad a range of participants as possible and therefore the findings should be robust enough to withstand the influence of outliers.

Table 3.7 Tests of normality (Homeless, Low SES and General Population)

	<i>Group</i>	<i>Kolmogorov-Smirnov^a</i>			<i>Shapiro-Wilk</i>		
		<i>Statistic</i>	<i>df</i>	<i>Sig.</i>	<i>Statistic</i>	<i>df</i>	<i>Sig.</i>
Power	Homeless	0.070	112	.200*	0.986	112	0.304
	Low SES	0.073	105	0.198	0.977	105	0.06
	General	0.046	104	.200*	0.988	104	0.498
Achievement	Homeless	0.072	112	.200*	0.967	112	0.008
	Low SES	0.064	107	.200*	0.992	107	0.795
	General	0.048	104	.200*	0.978	104	0.074
Stimulation	Homeless	0.085	112	0.045	0.979	112	0.075
	Low SES	0.081	106	0.085	0.97	106	0.018
	General Pop	0.058	104	.200*	0.986	104	0.364
Self-direction	Homeless	0.043	112	.200*	0.99	112	0.577
	Low SES	0.080	107	.089	0.988	107	0.477
	General Pop	0.050	104	.200*	0.989	104	0.591
Universalism	Homeless	0.089	112	.03	0.977	112	0.051
	Low SES	0.058	107	.200*	0.991	107	0.685
	General Pop	0.103	104	.009	0.959	104	0.003
Benevolence	Homeless	0.065	108	.200*	0.985	108	0.275
	Low SES	0.057	105	.200*	0.99	105	0.605
	General Pop	0.049	104	.200*	0.98	104	0.123
Tradition	Homeless	0.045	112	.200*	0.995	112	0.966
	Low SES	0.067	106	.200*	0.984	106	0.231
	General Pop	0.070	104	.200*	0.978	104	0.081
Conformity	Homeless	0.069	112	.200*	0.972	112	0.02
	Low SES	0.114	107	0.002	0.953	107	0.001
	General Pop	0.048	104	.200*	0.99	104	0.614
Security	Homeless	0.078	112	0.088	0.973	112	0.021
	Low SES	0.056	107	.200*	0.985	107	0.253
	General Pop	0.072	104	.200*	0.98	104	0.127
Self-mastery	Homeless	0.088	103	0.05	0.969	103	0.017
	Low SES	0.071	100	.200*	0.972	100	0.032
	General Pop	0.104	100	0.009	0.951	100	0.001
Depression	Homeless	0.063	109	.200*	0.987	109	0.353
	Low SES	0.094	105	0.022	0.951	105	0.001
	General Pop	0.092	102	0.033	0.972	102	0.029
Anxiety	Homeless	0.064	109	.200*	0.989	109	0.489
	Low SES	0.095	105	0.022	0.949	105	0
	General Pop	0.096	102	0.023	0.972	102	0.029
Mental Health	Homeless	0.064	109	.200*	0.988	109	0.428
	Low SES	0.082	105	0.082	0.95	105	0.001
	General Pop	0.099	102	0.016	0.974	102	0.043

*. This is a lower bound of the true significance.

Homoscedasticity. Homogeneity of variance was tested using Levene's statistic for the homeless, low SES and general control group participants on each of the values excluding hedonism, self-mastery, depression, anxiety and mental health. The tests were non-significant for all variances across the groups, meaning all were equal with the exception of self-direction value preferences, $F(2, 320) = 3.29, p = .04$. The variance in self-direction values in the homeless sample were the largest (.74) and the low SES was the smallest (.43) with the variance general control group in the sample being in-between (.62). The variance ratio is 1.72 and as it is under two will therefore not be considered in the findings. On this basis Wilk's statistic is selected for interpretation of MANCOVAs for comparisons between groups as it is the most robust statistic when assumptions are violated and the groups are of similar size (Field, 2009).

Independence. Measures taken to ensure independence are fully discussed in the procedure section of the methodology chapter of this thesis and will therefore not be further discussed in this chapter.

Descriptive Statistics. The samples are described in terms of their mean age, gender and nationality. Levels of education are also compared between groups. Additional descriptive statistics includes housing and employment status.

Covariates. Age, gender and life events were tested to understand their respective relationships with mental health variables, self-mastery and

values.

Testing of between groups differences: MANCOVA was conducted to test whether the hypothesised differences in the values, social support, self-mastery and mental health between homeless, low SES and general housed groups could be found when controlling for the effects of age and gender. As the groups were even in size, Wilks' statistic was used for the interpretation of the findings (Field, 2013). Further MANCOVAs were conducted comparing differences between previously homeless, first occasion homeless and recurrently homeless participants on measures of values, self-mastery, mental health and social support controlling for the effects of age and gender. As the homeless groups were different sizes, Pillai's trace was used for interpretation of the results (Field, 2013). Post-hoc tests were conducted to look at differences between specific groups.

Statistical power. When reporting statistical power for ANOVA, ANCOVA, MANOVA and MANCOVA the omega squared (ω^2) rather than eta-squared (η^2) result will be provided. Eta-square ($\eta^2 = SS_M / SS_T$) slightly overestimates the power of analyses, particularly as samples diminish in size, as it is calculated as the variance of the effect (SS_M) divided by the total variance (SS_T). Omega squared ($\omega^2 = (SS_M - (df_M) MS_R) / (SS_T + MS_R)$) accounts for those variables as well as model degrees of freedom (df_M) and error variance (MS_R) therefore better adjusting for the effect size within the population (Field, 2013). As SPSS21 does not compute omega squared, this will be manually calculated for univariate analysis and intergroup comparisons however for Pillai's trace or Wilk's statistic results.

Interactions of dependent variables by group. To test the hypothesis that the relationship between dependent variables would differ between groups, regression with interaction was conducted. The interaction between dependent variables was examined, first through correlations and then according to Aiken and West (1991) using regression with interaction with the assistance of the Process Macro for SPSS designed by Hayes (Hayes, 2008). Specifically, each of the predictors was centred on the sample mean, and the interaction variable was calculated as the product of the two centred predictors. The two predictors and the interaction variable was entered into the regression in the same step. Where results were significant, the analysis was supplemented with simple slope analyses conducted according to Aiken and West (1991) and using the online tool developed by Preacher, Curran and Bauer (2006). The first two steps in the procedure are now outlined. In the first step, three variables are included, namely group membership and two of the dependent variables, one selected as a predictor and one selected as a dependent variable within the model. To avoid potentially problematic high multi-collinearity with the interaction term, the variables were centred and an interaction term between group membership and one dependent variable was created (Aiken & West, 1991) by multiplying the two variables together. Next, the interaction term was added to the regression model. If the interaction term significantly predicted the dependent variable then group membership did significantly moderate the relationship between the two dependent variables. Interaction plots and standardised beta coefficients were reported and produced to aid in the interpretation of the relationships.

Study 3: Psychology and homelessness - longitudinal implications for social integration.

Measuring the psychological impact of significant life events is best suited to longitudinal field research (Robins et al., 2009). One could ask people to imagine or reflect on what it would be like to be homeless, however this would only provide an indication of their perceptions of the homeless experience and how this would impact on them. Similarly in the study by Rea (2012), homeless participants were asked to reflect on their experiences of homelessness and then rate the perceived impact this had on their values. Unfortunately this only provided an indication of perceived value change rather than actual value change. Longitudinal quantitative research can provide insight into actual changes in values over time, provided that the scales are used consistently and gauge the same value of an outcome at each occasion of measurement (Singer & Willett, 2003).

A between-groups longitudinal design was planned for this study in order to understand the impact that homelessness and interventions may have on psychological factors over time, as well as how changes in psychological factors may impact on homeless people's ability to gain and maintain both employment and housing. A longitudinal design was chosen because results from the previous studies indicate a relationship and do not provide information about longitudinal dynamics of how certain conditions may predict changes in values and other variables of interest. It is recommended that three or more waves are conducted in longitudinal studies (Robins et al., 2009). Given the time and financial commitment involved in delivering a

longitudinal study it was decided that the study would take place over the course of 9 months, measuring participants four times over 3 monthly intervals. The same questionnaire was used at each time point with a planned three month break between waves of assessment allowed for enough time to have taken place where actual psychological changes could be observed (e.g., Bardi et al., 2009). It was decided that it would not be practical to design and run a separate intervention to test over time during the PhD and therefore intervention status was captured but is applied to a number of different existing interventions. Full details of the interventions can be found in appendix C. The measures used in the cross-sectional study were used at each subsequent time point.

Sampling Methodology. As with the cross-sectional study, opportunity sampling was used in order to get as many homeless participants as possible within the data gathering phase. Participants were recruited through recruitment partners into the homeless and low SES populations and online into all samples, particularly the general control group sample. There were 47 in-person recruitment locations within the study and one researcher identifying and visiting locations. Therefore the wave 1 data gathering took place over a period of twelve months. This led to an issue of maintaining equal time distances between taking measures with the sample. When people were contacted regarding participation in follow up time points they very often took a long time to respond if they responded at all. The dates of each time point were taken at each occasion of completion and the length of time between taking measures was planned for use as a covariate in the analysis.

Full names of participants were taken, when they were prepared to provide them, in order to ensure that if someone completed the questionnaire at multiple sites duplicates within waves were avoided. On the rare occasions this did happen the person would be logged as having completed it at the following wave according to dates of completion. Participants were not measured in a controlled environment as would happen within a lab setting or if a large sample was being recruited from one centre.

Attrition projections . Managing attrition in a longitudinal study is essential as non-random attrition compromises the external validity of research findings (Robins, Fraley, & Krueger, 2009). It was anticipated that given the chaotic nature of the homeless sample, the attrition rates would likely be higher in that sample. A meta-analysis of attrition in personality research found an average attrition rate of 43% across longitudinal studies (Roberts & DelVecchio, 2000). A number of recent longitudinal case studies in the UK were examined to provide a guide for estimating the attrition rates in the homeless community sample. Participant incentives, as well as other benefits of participating in the research were also reviewed to determine the most effective approach to retaining participants with limited resources. A longitudinal interview study conducted by the charity Broadway (Hough, 2013), that looked at 50 homeless people's experiences of getting back into work, found that 86% maintained contact 3 months into securing work, 68% were in contact after 6 months of getting back into work, and 34% of participants were in contact 9 months after starting work. Of the participants; 58% participated in 3 or more interviews and only 24% participated in 4 or

more interviews. The reasons given for attrition were that participants decided to no longer take part in the study or became untraceable. Participants in this particular study were remunerated £10 per participation and entered into a prize draw to win an Apple iPad if they completed four interviews. The Pret Apprenticeship Scheme tracked attrition in their return-to-work programme over the last 2 years with similar attrition rates: 80% of 159 participants completed the 3 month apprenticeships and 60% completed a further 3 months of employment following successful completion of their apprenticeship, at which point participants are given a £100 bonus. The primary reason for staff dismissal within this group was poor attendance, which includes late or non-attendance. Reasons for participants dropping out of the scheme included issues with management and pregnancy (Pret Foundation Trust Intervention Scheme Brief, 2013). As all participants in these reports were actively seeking work or working, they may represent a more stable sub-group within the homeless community. Attrition rates may be higher in a general sample of homeless people that includes both those that are actively, and those that are not, seeking work. In a study looking at the service use of a woman's shelter in Bristol, 38 participants were again remunerated £10 for participation in an interview (Morgan, 2012). At the wave 2 measurement of the study, 73% of participants remained. The reasons for leaving included returning home to partner or parents, being in shared or floating support. Only 8% of the wave 1 participants were untraceable.

The wave 2 estimation of participant retention was an aggregate percentage of the three recent studies mentioned above at 80%. For wave 3 a retention rate of 60% was assumed, based on the retention following 6

months in the sandwich chain scheme and the percentage of people that completed 3 or more studies in the work-based study. The wave 4 retention rate only has one study comparison in the above to refer to and that is the work programme study, of which 24% of participants completed four or more interviews and 34% of participants remained in contact. We optimistically assumed that attrition would continue its trajectory and there would be 40% retention at wave 4.

Retention strategy. Following a review of studies that examined ways to reduce attrition, Robins *et al* (2009) proposes three approaches to reducing attrition; making the experience of participating pleasant, enabling participants to develop a connection with the project and collecting adequate tracking information. Robins *et al* (2009) suggestions for making the experience of participation pleasant include providing participant incentive and increasing bonus incentives for each participation.

Gaining sufficient participant contact information was essential. Participants were asked to provide phone numbers, email addresses and postal addresses with all information being stored on a participant database. Although homeless people do not have a permanent address by their very definition, the relative recruitment centres were noted against each participant in order to open the possibility of maintaining contact with individuals who did not provide other contact details. Participants that provided email addresses were followed up by providing online questionnaires with pre-completed participant identification numbers to ensure that participants could be efficiently tracked. This was useful as occasionally participants did not

provide the same personal information as on previous completions (e.g. surname changes, use of nicknames or leaving the fields blank). There were many emails that were returned as 'undeliverable', particularly from the Crowdfunder participant pool, as the email address had either been closed or the information provided was incorrect. Crowdfunder confirmed that participants could not be recruited for later waves via their systems.

Residential recruitment sites were contacted to ensure that participants were still resident at the location of recruitment, unfortunately several of the participants were deceased at the time of follow up and several had left. Where people had moved on to other accommodation, forwarding addresses were taken. Questionnaires were posted to all active residential addresses and several were returned noting that people had moved on from their address. In these cases participants were called, if a phone number was provided, to obtain new contact information and were also given the option of completing the questionnaire over the phone.

In addition to obtaining sufficient contact information, the present research aimed to counteract attrition by paying homeless and low SES participants a £5 voucher as an incentive at each data collection time. These incentives were used for all homeless and low SES participants only. It was also arranged that vouchers would be posted to participants to ensure that up-to-date address information was kept for as many participants as possible for follow-up waves. Participants recruited through Crowdfunder were given £1 for the initial participation, unfortunately the platform could not be used to contact those participants again or remunerate them similarly for follow up participation. As further incentive for homeless and low SES participants,

and to encourage participation of general control group participants, all participants were entered into a prize draw with increasing value at each data collection time; £50 at wave 1, £100 at wave 2, £150 at wave 3 and £200 at wave 4. Two research grants to cover participant incentives were sourced and paid by Royal Holloway, University of London and New Bedford College. Although increasing incentives reflects recommended retention strategies, it may encourage the retention of those to whom particular values are more important (e.g. power and security). To balance this, communication stressed how helpful participation is and how participation may benefit others in a similar situation, in the hope of appealing to people with high preferences for self-transcendence values (the opposite of power). Participants were asked to indicate at the end of the questionnaire whether they would be prepared to participate in the study again. A focus group was planned to identify potential issues if this proportion was very high, however this was unnecessary as after wave 1, 77% of all respondents said that they would participate in the study again, with only 13% responding that they would be unwilling to participate again and 10% not responding to the question at all. At wave 2 and wave 3, around 85% of respondents actively responded that they would be willing to participate again, with around 14% not responding to the question. Due to low response rates at wave 2, and based on feedback during data collection from respondents, the questionnaire was reduced slightly in length and altered to make items simpler to understand in order to encourage participation.

Robins *et al.* (2009) suggest building a positive project identity that participants can connect with. In this regard, the Royal Holloway logo was on all materials and contact with participants and recruitment partners. There

is a Twitter account set up called 'Community Research' and the use of the word homelessness was limited throughout the materials and information. Attrition analysis and participant numbers at each time point are presented in the longitudinal study chapter later in this thesis.

Materials. Participant questionnaire completions for the cross-sectional study in the previous chapter of this thesis formed the wave 1 data for this longitudinal study. For a limited number of wave 1 participants, most of the wave 2 participants and all subsequent time points, the questionnaire was revised from the original questionnaire, which can be found in appendix M, to the revised questionnaire which can be found in appendix N. This was the result of feedback from participants finding items too lengthy and the researcher noting that some of the items were confusing to participants when they completed the pack together. It was also hoped that a shorter questionnaire would improve participants' experience and encourage participants to participate in the later waves of the study. The details of the questionnaire have been fully reported in the materials section of the cross-sectional study earlier in this chapter. The only difference was the coding and treatment of the employment status and accommodation status measures as these were treated as dependent variables in the longitudinal study. In measuring employment status as an outcome, those that were retired or full-time students were excluded from the analysis as they are not indicative of SES. In the continuous coding of employment status the variables were given the following values: unemployed = 1, volunteering=2, unpaid employment=2, part-time paid employment=3, full-time paid employment=4,

self-employed=4. Accommodation status was coded as: 1 = homeless or supported accommodation, 2 = staying in your own council property and, 3= privately rented or owned accommodation. People that reported that they were staying with friends or relatives or 'other' were left as unassigned. Changes in employment and housing status were calculated as the later wave score subtracted by the earlier wave score. Positive scores indicated improvements in housing and employment status, while negative scores indicated declines. Null scores indicated no change.

Procedure. The procedures for the cross-sectional study are the same that were used for wave 1 for the longitudinal study. Participant's names, telephone numbers, email addresses and recruitment locations were logged on a spreadsheet with the participant's IDs for tracking. In addition, whether or not the participant received assistance completing the questionnaire was also logged to ensure that follow up on email was not made to participants with potential literacy issues. The same questionnaire was administered every 3 months for 9 months, when possible, with the homeless and low SES groups being paid a £5 voucher at each data collection wave. There were also prize incentives for all participants in increasing increments at each time point specifically: £50 at wave 1; £100 at wave 2; £150 at wave 3 and £200 at wave 4.

Participants who had provided email addresses were contacted and invited to participate in the subsequent wave of the study online with a voucher being posted to those who were homeless or low SES when confirmation that the questionnaire had been completed was received. People

who completed the questionnaire online were also given the option of receiving an Amazon eVoucher. Those who provided phone numbers were called and could have the questionnaire posted to them or complete it over the phone. An attempt, via the research centres, was made to contact those who did not provide contact details but indicated that they would like to participate in future research. People who submitted questionnaires via post had been sent questionnaires with self-addressed envelopes and were posted the voucher on receipt of a returned, completed or partially-completed questionnaire. Participants who required assistance completing the questionnaire were contacted and given the option to complete the questionnaire over the phone or at a time and location that was convenient.

The chaotic and unpredictable nature of homeless individuals' lives meant that people may move between participant groups throughout the duration of the longitudinal study, e.g. someone who is homeless and not involved in an intervention may become involved in an intervention during the course of the study. At each wave of the longitudinal study participants were therefore allocated to a group on the basis of their housing status. This then enabled the researcher to track whether the participants' transitioned between the groups over time and make a note of changes.

Analysis. The data were analysed using the statistical analysis software IBM SPSS 21. Analyses were conducted looking at relationships between factors and differences between groups. The original planned analysis for this study was latent growth curve modelling in Mplus however there were insufficient participants to justify the statistical complexity

(Curran, Obeidat & Losardo, 2010). Therefore two-tailed Pearson correlations were run to establish whether significant relationships could be found between changes in values, mental health, self-mastery, social support over time with subsequent changes in employment status and housing status, and vice versa. Comparisons were made between low SES individuals that were participating in an intervention and homeless people that were participating in an intervention to see if there were differences between the ways these groups potentially respond to interventions. People that remained homeless were also assessed in test-retest ANOVAs to determine whether remaining homeless was potentially associated with changes in mental health, self-mastery, social support and values.

Reflexive Considerations

The process of reflexivity in social research is one of reflection on the influence of personal characteristics of the researcher on research design, participant engagement, interpretation of findings and dissemination (Harvey, 2019). Malterud (2001, p. 483-484) further explains that "a researcher's background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions". This research was certainly formulated through personal experiences of the researcher. Its genesis formed through a combination of several years of experience volunteering in homeless shelters and a lecture on values attended during a masters in social psychology given by Professor Anat Bardi in 2011. When it was mentioned that values can change as a result

of experiences (e.g. Daniel et al, 2013), motivate behaviour (Bardi et al, 2008) and reflect social norms (Bardi & Goodwin, 2011), recollections of the harmonious relationships between guests at the night shelter where the researcher volunteered came to mind. The shelter provided emergency and temporary accommodation to people in London free of charge and provided beds for 18 women in one large room and 18 men in another large room; there was a separate communal area for eating and watching television. The guests were incredibly diverse in terms of age, nationality, gender, familial composition, and background. It was considered that common values, caused by similar experiences, may form the unifying bond between this apparently heterogeneous group of people. To answer this question, it was important to understand whether people perceived changes in their values relating to their experiences of homelessness. Given that there are often other life events co-occurring with people's experiences of homelessness (Fitzpatrick et al, 2011; Homeless Link, 2012; Rea, 2012) it was decided that semi-structured interviews would be the best methodology for understanding people's experiences of homelessness and how these affected them. Interviews provided the flexibility to ask probing questions and determine whether any perceived changes were specific to people's experiences of homelessness. It may have proved that no psychological changes occurred as a result of people's experiences of homelessness, or that a more complex interplay of psychological factors were occurring. For this reason theoretical thematic analysis was chosen for the interview studies. As previously mentioned, this methodology allows for both the theoretical interests of the researcher as well as emergent themes (Braun & Clarke, 2006). It is possible that homelessness

is purely circumstantial and the researchers' desire to impose constructs, as a social psychologist supervised by another social psychologist, onto the participants could both influence the direction of the interview and the interpretation of the findings. In this respect, the use of quantitative measures formed a check to determine whether the interpretations of the researcher were quantitatively substantiated. While interpretations and contextualisation of findings beyond the statistical output have been offered throughout the thesis; it should be noted that these interpretations have not been discussed with the research participants following the quantitative study.

Positionality considers the researcher's position to be either inside or outside the group of interest and research collaborators (Coghlan & Brydon-Miller, 2014). Care was taken by the researcher in terms of limiting this sense of potential perceived otherness by ensuring that there was not too much emphasis placed on a person's homelessness status in the consent forms and other materials used in the study. Previous research has found that when conducting interviews in a person's home, compared with the university, more emphasis was placed on the researcher's age and gender than their professional status. They further found that greater disclosure was elicited from lower socioeconomic status participants (Richards & Emslie, 2000). Similar to the home visits in the aforementioned study, efforts were made to ensure the presentation of the researcher was kept as neutral as possible whenever attending research sites. Attire was casual and neutral in colour, no jewellery or make up was worn and hair was tied up in a ponytail. The researcher was presented as a student looking to understand what is important

to people in their lives in the hope that services could be better designed to reflect this.

Several female researchers have commented that they felt that their male interviewees' gender stereotypes and suppositions were communicated to them through the course of interviews (Parker, 2016; Richards & Emslie, 2000) with four female researchers discussing topics related to sexual behaviour reporting outright sexual harassment from their research participants (Green, Barbour, Barnard & Kitzinger, 1993). At no point did any participants directly or indirectly comment on the researcher's gender and at no times did the researcher feel physically vulnerable. There was however mistrust communicated to the researcher both via a participant on email that was ultimately removed from the study and by some individuals that declined to be interviewed in the first unsuccessful round of scheduled interviews. People said that they did not see the point in participating as many researchers attended the site to conduct research with very little change being observed. Several individuals concluded that researchers were purely self-interested and that once they had finished their report for their qualification or university, nothing further would happen. Taking this participant feedback seriously, dissemination of findings went beyond efforts to present and publish in the academic arena and presentations and reports were given to the service providers themselves in the hopes that the findings could inform service provision for users.

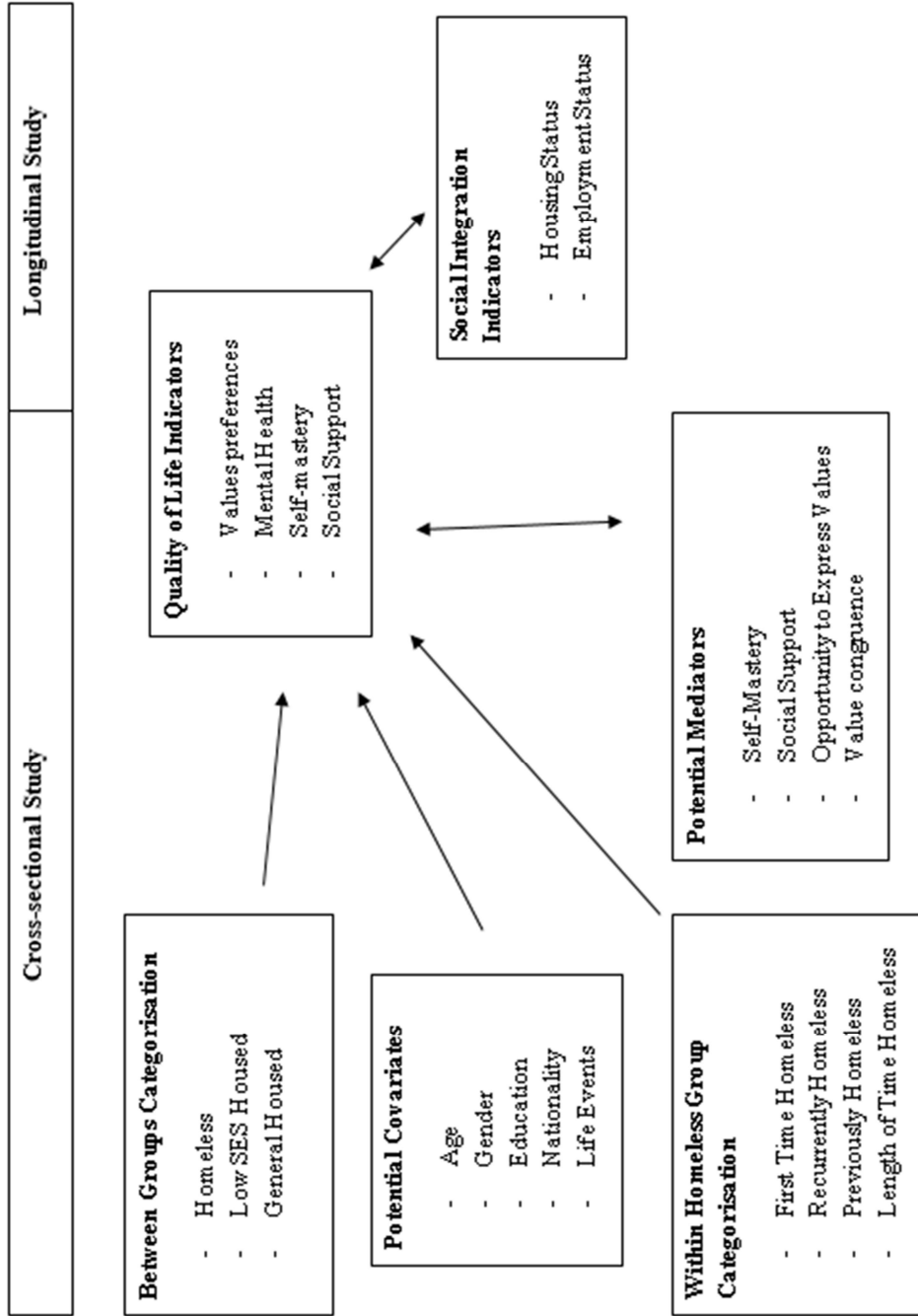
A further consideration is the extent to which participants may be telling the researcher what they want to hear and tailoring causal relationships according to the perceived interests of the researcher (Norenzayan &

Schwarz, 1999). Participants were not inhibited in terms of their responses during interviews. The researcher took great care to ensure that responses were not positively or negatively reacted to both verbally and non-verbally. As previously mentioned, interview participants would often refer to what 'homeless people' thought, felt and perceived. This may be a way of trying to present themselves as outside of this group, or it may be a way of collectivising their feelings and presenting them as consistent with the views of others in a similar situation. In these instances, the researcher would clarify whether those views reflected what they themselves felt. Other potential indicators of distortion of self-presentation were found in the quantitative study with several participants asking what a 'normal' response was rather than answering the question. This may highlight the perceived otherness and participants desires to be perceived as normal in a difficult and often stigmatised situation (Hodgetts et al, 2005). If this minority reflected the inner thoughts of the majority of the participants then this may affect the ecological validity of the findings. While response biases were controlled for within the values measure, one may need to consider that social desirability could influence the findings within the intergroup comparisons.

Methodological Limitations

There are a number of methodological limitations in this research, some are general to all three studies and others are particular to certain studies. The collective methodological limitations and their implications are fully discussed in the 'general discussion' chapter of this thesis.

Figure 3: Research Design and Analysis Map for Quantitative Studies



Chapter 4: Narratives of homelessness experiences and potential psychological effects.

Introduction

As homelessness is likely to affect most aspects of a person's life, it is also likely to lead to changes in the person's values. Hence, it is plausible that homeless people feel that what is important to them has changed as a result of becoming homeless. These potentially changed values may then direct new behaviours that could be incongruent with expected social norms of the general population, therefore creating a barrier to re-entering the wider community.

No other research was found in the literature that has examined how homeless people's experiences may have affected their values. As it was not viable to identify participants before they have become homeless and trace their values throughout the homelessness experience, homeless participants were asked about their own understanding of how their values have changed. Although their retrospective understanding of their value change may not reflect the true change in values, it has the advantage of providing insight into homeless people's own understanding of their experience. This understanding may affect the effectiveness of interventions intended to integrate homeless people back into society. The purpose of this study was to understand perceived changes in values that could have originated from the experience of homelessness. This chapter, by means of interviews, explores

the experiences that homeless people see as connected with these potential value changes. Interviews were chosen over questionnaires to enable participants to provide context to their understanding of how their values may have changed. Participants' values were anticipated to acclimatise, adapt and reflect the opportunities that are available to them. Specific hypotheses and predictions regarding the direction of the perceived value change were not formed prior to the study commencing, to ensure that the results of the study reflected participant views rather than interviewer expectations.

Methods

Participants. Recruitment issues were encountered in the first interviews scheduled with a randomly-selected gender-balanced sample which was selected from a spreadsheet of homeless service users details provided by a shelter. People identified were contacted via their key contacts at the recruitment site and arrangements were made to interview them. However none of the individuals attended the 6 interviews scheduled across two sites. Similar issues have been encountered by other homelessness researchers (Cameron, Abrahams, Morgan, Williamson, & Henry, 2015). Opportunity sampling was then used to find candidates with the researcher attending a site and meeting with whoever was available and willing to be interviewed. Twenty homeless participants (19 males and 1 female; age $M=42$, $SD=14.80$) were recruited in London through charities, including a temporary night shelter ($n=5$); a national charity that provides supported residential facilities for homeless people ($n=5$); and two charities that recruit

homeless individuals into supported work programs ($n=10$). The participants therefore comprised an equal number of people that were actively engaged in an intervention ($n=10$) and those that were not in an intervention ($n=10$). The intervention group was split equally between participants from St Mungo's employment team and Pret Foundation Trust. Those that were not in an intervention were split equally between SFTS and St Mungo's central London hostels. All were recruited by personal approach with prior consent from the charity partners. The night shelter typically provided accommodation for 30 guests of a balanced gender mix of male and female, with people staying at the shelter ranging in age from teenagers to pensioners. People were referred to the shelter via other homeless services such as day centres, which provide basic support and necessities for homeless people during the daytime. The only female participant came from this shelter. The residential facilities each typically housed 20 males in central London. The individuals that attended the supported work programs were of mixed gender, but those that had experienced homelessness were mostly male. The gender imbalance at some of the recruitment sites and willingness of individuals to discuss their experiences increased the bias towards male participants found in the sample. Homeless participants came from diverse backgrounds and with education levels spanning secondary school education to masters' level qualifications. Three quarters of participants were born in the UK. Half of the participants were actively involved in supported work programs and an additional three participants had previously been involved in similar programmes. All of the participants had experienced homelessness; just over half ($n=11$) were homeless at the time of being interviewed and almost all ($n=17$) had slept

'rough' which was defined as '*sleeping in the street, transport hub or other public place*'. Fourteen of the participants reported being homeless more than once.

Materials and Procedure. Participants completed a questionnaire pack in advance of the interview titled "What is important to you?" The full details of these measures in the questionnaire pack will not be reported as only limited information, such as demographics, were pertinent to this particular study. Full details of the questionnaire can be found in the methodology chapter of this thesis and an example of the questionnaire can be found at appendix M.

Semi-structured interviews were conducted with participants that explored their experiences of homelessness and perceived value change related to homelessness. The events leading up to their experience of homelessness; what they experienced while they were homeless and their experiences of exiting homelessness, if applicable, were discussed. Perceived value change was measured by asking participants what, if anything, became more or less important to them in the context of these experiences. To conclude the interview on a more positive note, participants' plans for the future were also discussed. A full schedule of the questions that were used as a guide for the semi-structured interview can be found at appendix I.

During the initial interviews it became apparent that some individuals battled with discussing abstract concepts beyond basic need fulfilment or experienced difficulty giving more than the simplest of responses. In these cases a statement representing each of the 10 values was read to the

participant (e.g. *'Help those closest to me'* which represented the value of benevolence) and they were asked to say whether that had become more or less important to them or had stayed the same. A full schedule of the statements can be found at appendix J.

All interviews were conducted in a private room at the location that the research participant had been recruited through. Only the participant and the researcher were present. Participants needed to provide consent in advance of completing the questionnaire and interview. The study was conducted in accordance with APA ethical guidelines and participants were not permitted to participate if under the influence of drugs or alcohol. One participant was excluded because he could not understand and complete the consent form. After completing the questionnaires, the interview commenced. All interviews were recorded using a dictaphone placed on a table between the participant and researcher. No other sound recording equipment, such as microphones, was used. Participants were briefed at the beginning of the interview about the purpose of the interview and confidentiality was reiterated. The researcher explained that although there were set questions that needed to be answered, the interview was largely conversational and participants were not obliged to discuss any topics they did not want to. The researcher also explained that any notes that were taken during the interview would serve purely as a memory prompt for the interviewer and would be kept confidentially. The majority of interviews lasted between 30 - 60 minutes, with two running shorter and two running much longer. The interviewer remained neutral as much as possible, but at times needed to provide reassurance to interviewees. Given the vulnerable

situation many of the participants were in, and the limited social contact several described during the course of the interviews, the researcher listened to whatever the interviewees discussed during the interview before returning to the questions in the semi-structured interview schedule. Although participants were asked to discuss their experiences, some talked more generally about how homeless people would think and feel. In these instances the researcher would reiterate the importance of understanding their personal experiences and clarify by asking whether that is how the participant felt themselves. When the interview concluded participants were thanked for their participation and given the contact details of the interviewer if they had any further questions. Many interviewees also said that they would be happy to have a follow up conversation with the interviewer. Half the participants were not remunerated for their participation and the other half were given a £10 gift voucher for a local supermarket; these awards were made in accordance with the wishes of the respective charity partners through which they had been recruited.

Analysis. The interviews were transcribed and coded by the interviewer using NVivo qualitative analysis software in order to expedite access to the content within the coding frame. Theoretical-thematic-analysis (Braun & Clarke, 2006) was used for the analysis as it is driven by the theoretical or analytic interest of the researcher while still allowing for emergent themes. A more detailed review of other methodological options that were considered and rationale for the selection of theoretical thematic analysis are included in the methodology chapter of this thesis. A sample of

20 homeless participants was included, as sample sizes for thematic analysis tend to range between 16 - 20 participants to achieve saturation (Guest, Bunce, & Johnson, 2006). Saturation is the point at which no novel themes emerge in the data. In this study saturation was achieved by the eighteenth participant. Codes were formed against the following key themes: antecedents to homelessness, experiences of homelessness, and experiences exiting homelessness. Perceived value change was coded as either becoming more important or less important against the corresponding values from the Schwartz (1992) value structure; other emergent themes were also coded. A selection of the coding was then reviewed by an independent reviewer. The stages of coding and theme development are now outlined. The final coding structure can be found in appendix K.

Stage 1. The interviews were transcribed verbatim by the interviewer using NVivo 10 qualitative analysis software.

Stage 2. Following the transcription of the interviews, each was read at least twice before writing down initial ideas for codes against each of the questions in the semi-structured interviews. The initial codes of the data were the following:

- *Antecedents to homelessness:* Drugs; Alcohol; Foster Care; Relationship Breakdown; Redundancy; Prison.
- *What became more important when homeless:* Self direction; Achievement (not Power but personal Achievement); Universalism; Conformity; Substance Abuse (drugs); Family; Safety (my space,

health); Survival (food); Hygiene; Benevolence.

- *What became less important when homeless*: The self (risk taking and neglecting health); Power values (being a leader; social recognition and respect from others; appearance; material goods and money).
- *Experiences while homeless*: Benevolence of others; failure; Feeling back at Square One; Lying to family and friends; shock; negative experience; positive experience; routine; apart from society; homeless friends; bereavement; mental health; drinking.
- *Plans for the future*: work; take each day as it comes.
- *Leaving homelessness*: independence; shelter (lack of freedom); earnings differences compared with benefits (anxiety about paying bills); Face to face support (wanting direction and experiences with government); loss of independence; planning to return to homelessness; people in similar situation; partner; more impatient
- *Repeat homeless*: not conforming to rules
- *Successful at exiting homelessness*: received support

Stage 3. Codes were then grouped according to three overarching themes, namely: experiences surrounding homelessness; what became more important to participants and; what became less important to participants. The data were then coded using NVivo 10 qualitative analysis software to ensure ease of access and quick reference to the coded data. They were then reviewed and recoded by the researcher to ensure all data had been captured within the codes allowing for emergent themes.

Stage 4. A sample of the coding and themes was reviewed by the research supervisor to ensure coding held against literature and was not biased by one researcher's interpretation of the data. Themes were then reviewed and consolidated into two key themes; experiences of homelessness and perceived value change. The sub-themes for experiences of homelessness included; antecedents to homelessness, experiences of homelessness, and experiences exiting homelessness. Perceived value change was coded according to values that were discussed during the interview as having changed in importance as a result of people's homelessness experiences, specifically whether they became more important or less important.

Stage 5. The findings were produced and final analysis identified compelling extract examples. The extracts and final analysis of selected themes were assessed against whether they related to the research question, overall research design and literature.

Findings

The general prediction of the present research was that people would experience a change in their relative value importance as a result of their experiences of homelessness, and this appears to be the case. Results will be reported against key themes that are related to values and then emergent themes related to homeless people's experiences and potential psychological impacts (mental health, relationships, returning to work and returning to homelessness). At times it was difficult to separate the content of the

interviews into individual themes because the nature of people's experiences and the subsequent affects these have had on psychological factors, were inextricably interwoven.

Homelessness experiences and potential impact on values

Security. Security values have two distinct aspects: personal security and societal security (Schwartz et al., 2012). Societal security predominantly concerns maintaining a stable and safe society and was not mentioned by homeless people. Personal security includes staying safe and avoiding danger which was mentioned frequently throughout the interviews. As participants have lost the security of a home, it is unsurprising that this theme emerged in the context of the homeless experience. Staying clean and maintaining good health is incorporated within personal security values and was mentioned as becoming more important to almost half ($n=8$) of the participants.

“Securing food supply was the most important thing... it was a survival mode. Having a shower from what I remember...Making sure I was okay, that was first priority.” – P6

The link between relationships and survival (security values) is clearly articulated by participants when they talk about the development of homeless friendships while on the street. These groups served the purpose of providing company, safety, and access to resources such as food and work.

“When I was homeless... I kept myself safe..., because when you're on the streets you sleep in packs you still need the human comfort...It was my first day in London and I didn't know what was going to happen. I had a plan to sleep in the park and figure it all out the next day but I arrived quite late but some dude offered to show me where there was food, which was cool. And by allowing him to take me somewhere to get help made me realise that other people can be helpful too.” - P6

Two participants said that even though they had a relationship with their families and cared for them, potentially reflecting benevolence values, they did not have any emotional connection to their family which suggests that these relationships may relate to family security values. It is important to note that people may also care out of a sense of duty, which could reflect tradition or conformity values. This may mean that these relationships are framed within the wider context of conservation values. This lack of emotional relationship within the family may contribute to some homeless people's struggle to socially reintegrate into wider society.

“I receive a pension ... and I use it for my younger son's education... emotionally I am not bonded to my family though I provide, though I care. I speak to them regularly every week but I don't have this emotional bond.” – P1

A component of security values is reciprocating favours and avoiding indebtedness (Schwartz, 1992). One participant talked about how he took a

homeless friend for dinner after collecting his pension and the friend spent the entire evening repeating that he would 'owe him'. Perhaps lacking the resources to reciprocate gifts and care for others also creates a feeling of indebtedness. Generous acts of others may become a source of indebtedness (security) rather than support (benevolence).

Family security becomes a focus for many who are exiting homelessness, with people experiencing a shift in focus from caring about themselves to caring about their dependents and promoting their security. Family security values place importance on the safety of loved ones (Schwartz, 1992).

"I want to be a dad... but I need to get myself sorted first... to be working and provide...so I need to get my drinking sorted out". - P11

Benevolence. Benevolence, which is consistently rated the most important value across cultures and contexts, may be so important because it is essential for the survival of groups (Schwartz & Bardi, 2001). The majority of participants that were interviewed experienced relationship breakdown within the family when they were younger. Many grew up in abusive households and were put into foster care or became homeless in their teens. Growing up in unstable and unsupportive environments is unlikely to provide models of benevolent behaviour or a space to develop benevolence values. Almost all of the participants said that they do not trust new people that they meet. As the following quote demonstrates, issues of trust indicate the

potential for people to have lowered the importance of benevolence values prior to becoming homeless.

“I don’t need people. I haven’t needed people for a long time, because a lot of them have stabbed me in the back or stabbed me in the leg literally...it just seems like the more people you get to know the more the problems you’ve taken on or more things you have to deal with...I don’t have friends and people around me. I don’t trust anybody. It’s just been like that for a long time”. - P9

Benevolence values, expressed as caring for those closest to you, were perceived to have become more important to four of the participants, but were also perceived to have become less important to ten of the participants. One of the reasons that benevolence values may have become less important to half the interviewees is because they do not feel that they have the resources to provide the care for others. This fits an acclimatisation process in which people avoid attributing high importance to values that they cannot fulfil.

“When you can't help other people because you haven't got the resources, it's got a bit of finality about it, like death almost....” – P15

Universalism. Universalism values include understanding, appreciation, tolerance and protection of the welfare of all people. A quarter of participants said that they became more tolerant of others and wanted to give something back to the wider community as a result of their experiences

during homelessness. They also said that their experiences had made them re-evaluate the way they view life and appreciate that anyone can end up homeless.

“I started to work as a volunteer in the homeless sector because I experienced all of this stuff...I’m still actually in a quite vulnerable situation, but still I want to give back to society.” – P12

No participant said that universalism values were perceived to have become less important. When values change to reflect a greater importance of universalism values, this often corresponds with a decrease in importance of power values, as these values stem from conflicting motivations and are negatively correlated (Bardi et al, 2009). This pattern was observed in participants’ reflection on the impact of their homelessness experience and is consistent with observed patterns of value change across contexts. Homeless experiences may have resulted in the conscious re-evaluation (Bardi & Goodwin, 2011) of participants’ social position changing the importance of values related to social equality.

“I don’t aspire to be rich or to be powerful in any way. I just want to be that person that people turn to.” – P9

Power. Power values reflect a desire for demonstrating dominance over people and resources (Schwartz, 2005). Power values were perceived to become much less important to nearly half of the participants while no

participants said that it was perceived to have become more important to them.

“I was ... power hungry but when I went to the streets... It didn't become less important overnight but over the two and a half years it was just eating away and made me realise I wasn't the most important person in the world”. – P6

Homeless people have few material resources and are in a socially disadvantaged position. This may lead them to re-evaluate the importance of the accumulation of resources.

“You set the bar lower in terms of material goods but that's transformative and you need to train your soul to do that You focus on the stuff you need...a roof over my head.” – P7

This potential decrease in the importance of power values as a result of acclimatisation to a new environment and lowered social position is similar to findings in longitudinal research into the value change of migrants (Lönnqvist et al, 2011).

Self-Direction. When discussing topics related to success and accomplishment, it was unclear whether these topics related to achievement or self-direction values, as many participants spoke about success in terms of succeeding in their own eyes (reflecting self-direction values) rather than in

the eyes of others (reflecting achievement values).

When considering the environment of homelessness one must consider the institutional framework within which homeless people live. A quarter of participants raised frustrations about the restrictive and repetitive routine that formed part of their day to day existence while living in the shelters and being homeless. Participants' spoke of feeling like they were shuffled from one centre to another and that the restricted opening hours meant that they had large periods of time outside with little to do. They spent their time queuing to get into one place (e.g. a day centre to shower) and then again at the next (e.g. the night shelter to sleep).

“It is a world of queuing. In the morning in the day centre you queue to get in.... That's the world it is every morning. After that you go in and queue for your ticket to get to breakfast, after that you queue for the shower. After that you queue for clothing, for lunch you queue, it's a life of queuing. And that's when you feel that you are beaten.” - P1

Three participants felt that self-direction values became more important to them when they were homeless, but four participants commented that living in a highly structured environment where everything was done for them negatively affected their ability to live independently afterwards.

“You become dependent...when I started doing the job it became difficult for me to cope with the job, I could not concentrate and I was thinking why am I with this but I know it's not me. It's like dependency and as soon as

I leave here I go to the day centre and I get full English breakfast, so I am used to that routine and I'm used to that way of living.” - P1

This would suggest that living in an environment with little opportunity for self-directed action may not lower the importance of the value but hinders one's ability to act on that value. The comfortable familiarity of regimented, repetitive days where following instructions results in having your basic needs met creates an environment that could foster dependence and learned helplessness (Rholes, Blackwell, Jordan & Walters, 1980).

“It's scary in the beginning [moving out of the shelter] ...because people were helping me for that long, so how am I supposed to do something by myself”. – P4

Just under half of the participants discussed that one of the greatest challenges of coming out of homelessness was dealing with responsibilities. Many felt that homelessness provided a sense of freedom from these responsibilities and that, when not homeless, it was challenging coping with paying bills and rent. A couple of participants said that they actively chose to free themselves of these responsibilities by becoming homeless again.

“I'm going to go and live homeless for a year, just get away from it all. I don't want any pressure. I want a year off.” - P8

While freedom is related to self-direction values, many participants

returning to homelessness returned to the routines of shelters and day centres. This indicates that homelessness could possibly provide a sense of freedom from an unfamiliar set of responsibilities and simultaneously impose more familiar restrictions associated with attending these locations. Some participants continued to go to the shelters and food hand-outs for meals once they have been housed as they could not afford to eat. This continuity of environment in order for people to survive, and potential restriction on self-directed action, could inhibit homeless peoples' ability to function independently of the homeless system and integrate back into society (Vecchione, Döring, Alessandri, Marsicano, & Bardi, 2015). The familiarity of a regimented environment may be a reason why many people, who have been through the prison system, and the armed forces, find themselves in the homeless community.

Conformity. One might expect that the experiences of subordination of independence, in order to exist within the structures of homelessness, would have a related effect on conformity values as they are in an opposing position in the value circumplex to self-direction. There was no clear pattern with regard to reports of an increase or decrease of conformity values based on participant accounts. Conformity values were perceived to have become more important to one participant and less important to another.

Hedonism. Hedonism in the form of pleasure seeking was perceived to have become less important to a quarter of the participants, as they were trying to fulfil their basic needs of finding food and somewhere to sleep.

“There’s so many things I used to do that I don’t do because I don’t get the same enjoyment out of it...I have to fight to do it in the first place... all the things I wanted to do, they don’t seem so important anymore.” – P19

When homeless people got work or money, hedonism values were perceived to have become more important. One participant said that pleasure seeking changed forms when homeless, to simple things that were available like tea or coffee. This shows that hedonism may not become less important but, because values are broad and can be fulfilled in many different ways (Maio, 2010), the situations in which pleasure seeking takes place change.

“I think rich people play golf... but the way to get the head out of this space if you don’t have a job...is tea, coffee... It’s just like a little fix to get your head out of this space”. – P7

Tradition and Stimulation. As with conformity values, no clear pattern emerged regarding tradition and stimulation values. Tradition values were perceived to have become more important to one individual. Themes related to stimulation values did not get mentioned as changing for any of the participants.

Emergent themes. As a core aim of this study was to understand the experiences of homeless people and the potential psychological impact of these experiences, it would be remiss to exclude emergent themes that widen

the topic beyond potential value impacts and differences. The following section first discusses the themes of mental health and relationships, before presenting participants' views of returning to work and to homelessness which can be seen as indicators of social reintegration.

Mental Health. Themes that emerged throughout the narrative of homeless experiences include depression, anxiety and loss of self-importance. A few participants discussed mental health issues that they had experienced before becoming homeless, which included disorders such as schizophrenia, anorexia nervosa and obsessive compulsive disorder. Family history of mental disorders is a predictor of homelessness (Ran, 2006). Those with pre-existing mental health problems may find it more difficult to deal with their mental health issues when they become homeless. This may explain why homeless patients are more symptomatic and behaviourally disturbed than non-homeless mentally ill (Cougnard, 2006). Another possibility is that those whose mental illnesses are so overwhelming that they can no longer function within a home environment are more likely to become homeless.

“That’s why I left home...because I couldn't relax....it made me depressed and I just couldn't cope... I didn't want to tell my parents because they wouldn't understand.” – P18

Those that had experienced mental health problems continued to talk about how they had to deal with them once they became homeless. A third of participants ($n=7$), including those who had not experienced mental illness

prior to becoming homeless, discussed feeling failure, that they no longer felt that they were important, and the onset of depression as a result of becoming homeless.

"I don't know anyone who's homeless who's walking around very confident... It knocks you in some way... You can get anxious, lack of confidence and ... get a little depression there. When that happens it's hard, and tiredness and anxiety can easily make you depressed." - P7

Themes related to previous findings of a loss of identity and personhood during experiences of homelessness (Riggs & Coyle, 2002) also emerged.

"I didn't really care about me...I just felt dead inside, totally dead, I'd really flat lined". - P20

Some of the issues regarding mental health could be related to substance abuse, as low-levels of mental health and substance abuse have been found to be comorbid and related to lowered socio-economic status (Dagher & Green, 2015). A third of the participants said that substance abuse became much more important to them when they became homeless. The majority of those participants also said that everything else became a lot less important to them. A quarter of the participants discussed their experiences of rehab facilities as a route of exiting homelessness, however those with mental health issues were evicted from the rehab centres. Therefore, mental

health issues could compound problems faced by addicted homeless people and block an exit route from homelessness for them.

“I've been to 3 rehabs and I was kicked out of all of them because of my mental health. They couldn't cope with me.” – P20

Relationships throughout homelessness experiences. Relationship breakdown is a preceding factor involved in homelessness (Forty, 2008; Stein et al, 2012). Relationships were by far the most widely discussed topic and were the common thread between all stages of homelessness. These relationships provide another insight into the psychosocial context within which homeless people live. The relational theme will be further broken down into relationships prior to, during and exiting homelessness, as understanding the experiences during transitions of homelessness are central to the aim of this study.

Prior to homelessness. Nineteen out of the 20 interviewees discussed antecedents leading up to their experiences of homelessness. Regardless of whether the antecedents involved substance abuse, institutionalisation or loss of work, the final factor in advance of individuals becoming homeless was a loss of relational support. Some individuals removed themselves from their social networks voluntarily and others involuntarily.

“I said to them that ... I was going for a vacation for two weeks but I bought ticket only for one way...when my mum found out she was destroyed

from the inside ... I run away from her and she knew that.” – P4

Many participants spoke of problems with their family and friends prior to becoming homeless including lack of trust, love, and feeling alone. Several people had experienced divorce and separation from their long-term partners, or bereavement. These experiences imply an absence of social support that may be an important part of homeless people’s experience.

“It was the freaky moment where I was like, most people have families so they can go to their families and say this [becoming homeless] is happening, help me out, but it felt like I had no-one.” - P3

A quarter of the interviewees disclosed going to prison before becoming homeless, almost all of whom had grown up in the social services care system. This is an internationally recognised path of people maturing out of the foster care system (reviewed in Ahmann, 2017). Four participants were put into foster care and one was allocated their own flat at 15 years old. Reasons for entering care included parental imprisonment, parental mental health issues and parental abuse. Most of the participants that had grown up in care discussed pushing people away and not wanting to accept help from others as a result of their negative experience of care.

“I’ve gotten taken away from our parents and stuff it was them [social services] interfering and when I got moved from one children's home to another or to a boarding school it was always them interfering...The social

services tried to get me something[a house]...but I just didn't want the help anymore... I blamed them. Anytime they're trying to help me I just didn't want to know. Yeah, I made myself homeless." - P9

There is a clear pattern of relationship breakdown and poor familial relationships which hints at reduced levels of social support and may potentially impact benevolence values. Numerous studies have found that low perceptions of social support are associated with lower levels of psychological well-being in the homeless community (e.g. Van Straaten et al., 2018).

During Homelessness. Almost all of the participants slept rough when they first became homeless. Some of the participants talked about their experiences of rough sleeping as being a scary, lonely and uncertain time.

"When night falls and you see people going home after work... That's when you feel the loneliness. I was sometimes in tears ...I was on my own and just thinking about how to get out of this." - P1

The sense of isolation was exacerbated as participants kept their homeless status secret from family and friends. Reasons for this included not wanting to be the recipient of help that people would offer, or concerns about being treated differently by others or be seen as a charity case. By proactively avoiding sources of social support this could negatively affect homeless people's wellbeing.

“You become really circumspect about who you tell...when it comes to your family you maybe only want to tell them if you have to, you get really stuck because you just don't want to let them down. It hurts more telling them than other people. Other people just treat you differently - completely.” - P7

Half of the participants talked about having homeless friends who form the basis of support and provide conversation that passes the time. Affiliation tends to come fairly easily in the homeless community and is based on sharing similar experiences. Homeless friends also serve the purpose of keeping homeless people safe when they are sleeping and provide guidance about accessing services and food. These findings are in line with previous research (reviewed in Cronley & Evans, 2017) and may serve as a buffer to potential detrimental effects of social isolation. Over a third of participants talked about experiences with the wider community. Two people spoke of positive experiences of strangers spontaneously helping them by giving them food.

“I was sitting in a church just down the road here and I was taking shelter from the wind and the rain and just sat down hungry, minding my own business and a man just came passed and gave me a big bag of food”. - P6

However, the remaining participants reported experiences of loneliness watching people go about their normal lives and encountering prejudice.

“I see one guy in the library and I see the way people are towards him because he’s really homeless, he’s outside... I can see how people look at him and don't want to sit on the next computer to him... but we’re not much different...” - P19

Just under a quarter of participants reported positive experiences of the shelters saying that they provide a place to be physically warm and access services. One person was thankful for the support the shelter had given in finding employment, and two others said that it was helpful to have a person there to help them deal with family issues that they were experiencing. However half of the participants questioned the motivations of the hostels, and particularly, the volunteers.

*“You ask them why they are volunteering in the homeless sector and they would say that they didn't have that confidence so they want to develop their confidence... Sometimes I think that charity is the modern way of socialising. They come for their own good, it's like they come by hypocrisy.”
- P1*

As previously mentioned, most participants said that they do not trust people that they meet which may be due to a history of negative experiences with people they have trusted. Many participants viewed the charities that support homeless people as operating as a cost-efficient means to contain homeless people and maintain the status-quo rather than addressing the issue

of homelessness.

"They will always be funded because if they are not funded... there would be a lot more let's say crime on the streets and violence and stuff... You can herd [homeless people] all into a cheap place, wash them, keep them like that, they become less desperate." - P8

Exiting homelessness. Over half of the participants discussed relationships when exiting homelessness. Over a third spoke of the importance of the support from partners and family in being able to successfully transition out of homelessness. Relationships with family and having families of their own became a focus for the future. Participants also talked about the affiliation with different homeless communities helping them exit homelessness, particularly finding people with similar ambitions to find work. A third of the participants talked about the difficulty in losing the friendship of those they had met in the homeless community and the loneliness they had experienced coming back into the wider community.

"I think the homelessness kept us together like when you needed each other and that. After that we just didn't feel the same, so we just parted ways."
- P19

Half of the participants discussed their experiences of the support programs available to help homeless people back into work. Many appreciated the support programmes but were again mistrustful of the

motivations of the individuals and organisations, perceiving their motivations as selfish. Most of the participants who engaged in a weekly group counselling session with other homeless people found the emotional support to be a very helpful way of coping.

“We might just sit there and talk about nothing and afterwards you just walk away with a relief, you are breathing properly and you're not tense all the time. You think, ah, there are people there in the same situation as me and they are dealing with that so I can deal with that as well” - P4

Getting a sense of direction and guidance beyond general CV and interview skills was also very important to homeless people in feeling that they are successfully being supported back into work. The practical support offered was viewed as a sign of caring.

“Well I had a support worker who helps me with various things and he's really helpful...with legal issues and things like that...It's very dependent on the person you get, whether they care...” - P2

The prevalence of relationships in discussions throughout the interviews, demonstrates that homeless people are acutely aware of their status within the wider social context and question the actions and motivations of those around them. While relationships are not synonymous with social support, homeless people's social networks and sources of support should be explored further to understand how these relate to values and also

the emergent themes of mental health and institutionalisation.

Returning to Work. Just under half of the participants said that losing work was an antecedent to them becoming homeless and over half of the participants discussed their experiences of work and getting back into work. Some people expressed frustrations when returning to the workplace and feeling like they were back at square one in their lives, having to build everything again. Many participants experienced difficulties staying in work. Regardless of their previous careers or qualifications, many of the jobs that homeless people are offered are paid at minimum wage.

“It's like you've done that ...Because they all... pay around the same, whatever the job is. Whether I was in catering or driving or building” - P8

Some interviewees said that the gap between the minimum wage and government benefits was not worth it for them to get back into work. Others said that the work is boring and many encountered difficulties with their colleagues or managers which made them leave their jobs. Those that were more successful in sustaining work referred to themselves as 'workers' or 'being made for work'. They were also able to brush aside the difficulties they had with their colleagues. Many participants that were in work at the time of the interview found it a source of confidence, particularly when also being involved in a support programme.

“I want to work... so I did manage to pick myself up and get a job, but

that was just agency work and temporary and now I'm coming here twice a week to do literacy, and I'm writing for a magazine called Diamonds so this has given me a new confidence and given me an extra kick as well...it has given me confidence to do something more." - P11

Returning to Homelessness. A third of participants talked about returning to homelessness. Many said that they felt that, as they had already experienced homelessness, they were better able to cope with being homeless.

"I adapted to being homeless really well. I had a very positive attitude towards being homeless because I'd had that experience as a teenager...for me it was an adventure... "Can I bring my life back from here?" - P8

A quarter of participants discussed their experiences of rehab facilities when exiting and returning to homelessness. Drug and alcohol rehabilitation centres were often unsuccessful in rehabilitating homeless people. One of the reasons for this is that homeless people often have complex issues including mental health challenges and get evicted from the rehab centres as discussed earlier. Some also access the rehab facilities in place of having support networks of family and friends; to give themselves a respite from life on the street, with every intention of returning to their addictions when they have completed a stint in the rehab facility.

"I went to ... an abstinence house, you get drug tested once a week and breathalysed...I have been in there twice and twice I got evicted because

I started using and drinking again. Between the evictions, I ended up going back to the council office and then I would go to the hostels and then I'd be back in detox and then I'd be back at Thames Reach [homeless support centre]... that's when they used to call the detox the revolving door.”- P10

The predetermined expectation that a period in a rehab facility will ultimately result in a return to drug use and homelessness may also indicate a sense of hopelessness and learned helplessness in participants.

“I knew I was going to go back to the drugs again...I went through the hostel and the dry house, I knew I was going to use and I knew I was going to end up homeless [again].” – P14

Age may be a factor that influences outcomes of homeless people, as younger homeless people tended to have specific ambitions for the future while many of the older homeless participants said that they were going to take life one day at a time. The psychological factors that determine successful retention of employment and ability to exit homelessness will be quantitatively examined and discussed in later chapters of this thesis (Study 3).

Discussion

The present research proposed that homeless people would view the relative importance of their values as changing through acclimatisation and

compensation during their experiences of homelessness, and this was indeed our general finding. In addition, themes relating to reduced mental health, institutionalisation and the social-relational context in which homeless people lived also emerged. Further interpretations of the findings and implications for interventions and future research are now discussed.

Security values were perceived to have become more important as a result of people's homelessness experiences. This could be attributed to compensation effects observed in other research, which has shown that in situations of increased personal threat, security values increase in importance (Daniel et al., 2013; Lönnqvist et al, 2011). This increase is expected to be the result of situations being interpreted in terms of security because security needs have become paramount (Bardi & Goodwin, 2011).

While participants talked about the freedom they experienced during homelessness, they also expressed that their dependence on homeless services affected their ability to live autonomously after being homeless. Schwartz (1994, p.25) identifies that stimulation and self-direction values relate to the '*intrinsic interest in novelty and mastery*', however there is little in the literature that has empirically explored the relationship between values and self-mastery. Perhaps the routines imposed by the institutions that homeless people are required to navigate increase the salience of self-direction values while simultaneously disabling a person's ability to act on these values by removing opportunities to be self-directed. Lack of autonomy throughout the experience of homelessness may therefore lower self-direction and self-mastery while increasing conformity values, which may affect homeless people's ability to live independently and successfully reintegrate back into

society. While these themes of institutionalisation and reduced self-efficacy may relate to the construct of self-mastery, this theme and potential relationship is not conclusive within the context of these interviews and is a question that will be addressed in the following thesis chapters.

Participants reported power values decreasing in importance. An explanation for this may be that in an attempt to reduce cognitive dissonance, a stressful state where a person's beliefs or values are inconsistent with required behaviour (Festinger, 1962), homeless people may acclimatise to the opportunities available to them as a result of their lowered social status by decreasing the importance of power values. Group members that recognise power values as important are more likely to accept social imbalances (Schwartz, 2005). Therefore the perceived decrease in importance of power values when people become homeless is unsurprising. Cognitive dissonance may also explain what appears to be a refocus of homeless people's motivation for achievement. Achieving in their own eyes (self-directed achievement) rather than in the eyes of others (socially-directed achievement); may provide homeless people with an opportunity to achieve success in a situation where it would be difficult to achieve success by larger societal standards. This refocus of achievement may further increase the salience of self-direction values.

Universalism values were perceived to have increased in importance as a result of people's homelessness experiences. Opposite to power values, universalism values largely relate to social equality, and with homeless people acutely experiencing social inequality, the saliency and therefore perceived importance of this value increased. Increased importance of

universalism values following a stressful life event is consistent with previous research with migrants (Lönnqvist et al, 2011).

Benevolence is essential to being able to function in society as it relates to loyalty, friendship and self-sacrifice for those close to you. It is consistently rated the most important value across cultures and contexts (Schwartz & Bardi, 2001). Some participants perceived a decrease in importance of benevolence values which may be a result of not having resources to care for others. This suggests that homeless people may acclimatise to the lack of physical and psychological resources available, to their detriment in the long term. That is, the decreased importance of benevolence values results in a lack of motivation to behave in a benevolent way, potentially impairing social functioning. This could lead the economically marginalised to become socially marginalised and suggests a cycle that could explain both a person's journey into homelessness and articulate a further challenge in their ability to reintegrate back into society. This potentially supports the hypothesis that differences in values and related behaviour may create a barrier to homeless people when attempting to leave homelessness.

Relationships were by far the most widely discussed topic of participants and they relate to many different values including security and benevolence values (Schwartz et al., 2012). While relationships were discussed throughout all of the interviews and were the common psychological context within which homeless people operated, it is important to understand the meaning of these relationships. Homeless people talk about relationship difficulties and an absence of social support throughout their

experiences of homelessness. While there is an established literature of the beneficial role of social support, the results of studies measuring the relationship of social support to wellbeing within the homeless population have been quite inconsistent. The secretiveness surrounding participants' homeless status further isolated them. Isolation was linked to feelings of depression, anxiety and a loss of confidence. The relational context, perceived social support and potential link to mental health will therefore be quantitatively explored in later chapters of this thesis.

The ambiguity of coding the content of the interviews against particular values was challenging. However the research does indicate potential for value change as a result of people's experience of homelessness. It is important to note that the interviews relied on self-report and self-reflection of participants therefore indicating perceived rather than actual value change. A longitudinal quantitative study is presented in Study 3 which provides an indication of actual value change related to homelessness and ascertains whether value change occurs in a way that is consistent with this chapter and the Schwartz model (1992).

Among the limitations of this study was the over-representation of men in the sample, however the themes that emerged in the female participant's interview overlapped with those in the male participants' interviews. Other research that has focussed purely on the experiences of homeless women has reported themes of insecurity, powerlessness, fragmentation of families (Tischler, Rademeyer, & Vostanis, 2007), mental health, substance abuse and issues with support interventions (Cameron et al., 2015). These themes overlap to a large extent with the topics mentioned by

the participants in this chapter. The overlap of these findings also addresses another potential limitation of the study, which was the potential priming effects of the questionnaire completed at the beginning of the study on participants' choice of topic and content, which may have led to findings related to an a priori interest of the researcher.

The findings suggest that interventions may work on increasing certain values that have potentially decreased following experiences of homelessness. Providing opportunities for homeless people to help others, succeed and feel independent may result in increases in benevolence, self-direction and achievement values. An example of such an intervention would be a peer-support or mentoring network where previously homeless people can support those who are presently homeless. Peer-mentoring also addresses the issues of mistrust of service providers and apprehension about being treated differently by others. Ensuring trust in intervention delivery is important as trust has been shown to be a primary reason why homeless people that are in need of help decline to take it (O' Toole, Johnson, Redihan, Borgia, & Rose, 2015). While the present research proposes that values, as motivators of behaviour, have a fundamental role to play in the perpetuation of homelessness, these values work in conjunction with environmental factors. Issues regarding property, wealth and wider societal values maintaining the status quo should be taken into consideration when designing interventions. There were several specific issues highlighted by participants that should be taken into consideration, including the relatively small gap between minimum wage and government unemployment benefits disincentivising people to return to the workplace. While the UK government

has recognised this and introduced the National Living Wage as of 1 April 2016, there may be an opportunity too for considering interventions and workplace environments that decrease the importance of security values (potentially related to financial incentives) and increase the importance of achievement values (related to social recognition). Social support for those returning to the workplace helped participants to feel more resilient and improved attitudes both to returning to, and remaining in, the workplace and therefore should feature in consideration of future intervention design.

This study has highlighted the potential overlap of social support, values and lack of self-mastery as factors related to the psychological well-being of homeless people. While the results suggest potential psychological differences between homeless people and wider community samples that could form a barrier to social integration, it is unknown whether these differences are present. The following thesis chapters will quantitatively measure the values, mental health, social support and self-mastery of homeless people and compare these to control samples to ascertain whether actual value differences between homeless people and the wider community exist. Potential differences between groups in the relationships between these constructs will also be further explored in the rest of the thesis.

Chapter 5: More than a Home - Understanding the Values, Self-mastery, Social Support and Mental Health of Homeless People Relative to Housed People

Introduction

Identifying potential psychological differences between homeless and housed people may provide an indication of related differences in expectations, perceptions and behavioural standards that could hinder a homeless person's ability to maintain employment or housing. As values and self-mastery influence behaviour (de Vries, Dijkstra & Kuhlman, 1988; Maio, 2010) and reflect social norms (Bardi & Goodwin, 2011; Sheehy-Skeffington & Rea, 2017), these factors are relevant indicators of this potential. The literature suggests that the influence of social support on a homeless person's psyche is complex. Understanding its relationship to values, self-mastery and mental health, could provide insight into areas where homeless people may be more effectively and empathetically supported.

Following on from the findings of the literature review and the interview study, the hypotheses regarding potential differences between homeless and housed people's values, self-mastery, social support and mental health will be quantitatively tested. Comparisons will be made between a homeless sample and housed control sample. The housed sample will be divided into a general control group and low SES group to determine whether observed differences appear in a gradient that reflects relative socioeconomic

position and thereby potentially indicates effects of relative socioeconomic deprivation. The potential influence of social support and perceived opportunities available to homeless people on these variables will also be assessed in the homeless sample.

Values. Research has found that major life events predict meaningful value change (Bardi et al, 2009; Bardi, Buchanan, Goodwin, Slabu, & Robinson, 2014; Daniel et al., 2013; Goodwin, Polek, & Bardi, 2012; Lönqvist et al., 2011, 2013). Events that typically lead to homelessness include: relationship breakdown, domestic violence, leaving home or institutions (prison, hospital or the armed forces), death of a partner and getting into debt (Homeless Link, 2012). These events combine with the experiences of homelessness, introducing new and often unfamiliar environments that require adaptation and new behaviours. Behaviour change may then lead to value change (Bardi & Goodwin, 2011; Benish-Weisman, 2015; Vecchione, Döring, Alessandri, Marsicano & Bardi, 2016). The extent to which homeless people's values change was expected to cause misalignment with the housed population's values. These potential differences may act as a barrier to homeless people returning to sustained employment and housing. Alternatively, it is possible that inherent psychological differences exist between homeless people and housed people which may result in people experiencing homelessness. This thesis however proposes that homeless people should experience significant levels of value change as a result of the process of acclimatisation and compensation (Schwartz & Bardi, 1997) related to homelessness and associated

experiences. The distinction is important as the former position assumes homelessness is a result of inherent psychological differences, whereas the latter position assumes that homelessness is a situation that can happen to anyone facing an unfortunate set of circumstances.

Acclimatisation effects. Acclimatisation is the process of modifying the importance of values in line with what is circumstantially obtainable. Values that are easily obtainable become more important to a person, whereas values whose pursuit is blocked or unobtainable become less important (Schwartz & Bardi, 1997). For example; self-enhancement values reflect a desire for demonstrating social success; either through socially recognised achievements or the control of resources (Schwartz, 2005). These values have been shown to become less important to migrants as a result of acclimatising to their new environment and lowered social position (Lönnqvist et al, 2011). Similarly, participants in the previous chapter reported that their new social position (i.e., homelessness) resulted in the conscious re-evaluation (see Bardi & Goodwin, 2011) of their values. Following these accounts, self-enhancement values were anticipated to be less important to the homeless sample than the housed sample.

Participants in the interview study further reported that experiencing homelessness helped them realise that it is important to support the vulnerable in society. It is therefore expected that universalism values will be more important to homeless people compared with housed participants. As universalism values are often associated with benevolence values one may expect that a similar hypothesis regarding benevolence values could be made. However, previous research found that participants placed lower priority on

being involved with, taking care of, and getting along with, others after experiencing homelessness (Helfrich & Chan, 2013). This finding indicates potential for participants experiencing a reduction in the importance of benevolence values as a result of their homelessness experiences. It may be that homeless people potentially adapt to lacking the resources to care for others by deprioritising benevolence values. Participants additionally communicated not trusting the motivations of those who were trying to help them (e.g. volunteers) during the interviews. As trusting others is an important part of social connection (Glaeser, Laibson, Scheinkman, & Soutter, 2000), this further indicates the potential for people to have lowered the importance of benevolence. It is therefore hypothesised that homeless participants will have significantly lower benevolence values than housed groups, and that benevolence values will be lowest in the recurrently homeless sample.

Participants in the interviews also discussed the negative impact of living in the highly regimented environments in shelters and the limited opportunities to exercise autonomy. This reflects discussion in previous literature (Meanwell, 2013). Participants are therefore expected to have acclimatised to these restrictive conditions, with homeless participants reporting significantly higher conformity and lower self-direction values compared with control groups.

Compensation effects. Compensation effects are found in a limited set of values that are associated with material well-being and security, and these increase in importance when their attainment is outside of a person's

control (Schwartz & Bardi, 1997). These values are associated with satisfaction of Maslow's (1959) deficit needs. Conservation values were therefore expected to be more important to homeless people than housed participants. The interview study, and previous research, suggest that looking after oneself becomes more important to homeless people (Dashora, 2016; Helfrich & Chan, 2013). This could be interpreted as prioritising safety (security values) or expressing independence (self-direction values). Given the limited economic and social resources available to homeless people, it is expected that placing greater importance on looking after oneself will be related to security values. This aligns with previous research which found that in situations of increased personal or national threat, security values increase in importance (Goodwin & Gaines, 2009; Lönnqvist et al, 2011; Verkasalo et al., 2006). The increase is expected to be the result of situations being interpreted in terms of security values; because security needs have become paramount. Security values have two distinct aspects: personal security and societal security (Schwartz et al., 2012). Societal security predominantly concerns maintaining a stable and safe society and was not mentioned by people in the interview study. Personal security includes staying safe and avoiding danger. This was mentioned frequently throughout the interviews. It is therefore anticipated that personal, rather than societal, security will be more important to homeless people compared with housed participants.

Self-mastery. Self-mastery is the extent to which a person perceives their life-chances as being under their own control, in contrast to being fatalistically ruled by an external entity, and it is seen as an adaptive outcome

of effective coping with life stressors (Pearlin & Schooler, 1978). Studies have found that lower perceived choice is associated with lower levels of self-mastery in homeless samples (Greenwood & Manning, 2017; Manning & Greenwood, 2018; O'Connor & Fitzpatrick, 2017). The apparent connection between reduced perceived choice and control within institutional structures supports the hypothesis that a process of learned helplessness (Frankel & Snyder, 1978) may be responsible for perpetuating homelessness. While there is debate around the impact of routines and conformity required within shelter environments, that may impede homeless people from leaving a sheltered environment (reviewed in Meanwell, 2013), this is an area identified as requiring further empirical enquiry. Based on previous research and comments regarding institutionalisation and disempowerment made in the interview study of this thesis, it is hypothesised that self-mastery will be lowest in the homeless group compared with control groups. This is anticipated to be the result of homeless people supplanting their personal control in order to navigate support infrastructure (e.g. shelters and social services). It is therefore also hypothesised that people who are currently homeless will have lower levels of self-mastery than people who were previously homeless. People who have been homeless more than once and experienced institutional care are expected to have the lowest levels of self-mastery overall, as it is hypothesised that the anticipated low levels of self-mastery are a result of institutionalisation.

Social support. Social support is the emotional, instrumental, and financial help available from one's social network (Berkman, 1984; Toro,

2008). Despite the apparently overwhelming evidence that social connection is linked with better outcomes for homeless people, such as improved mental health (Fitzpatrick, 2017b; Toro & Oko-Riebau, 2015; Van Straaten et al., 2018; Walter, Jetten, Dingle, Parsell, & Johnstone, 2016; Wright, Attell, & Ruel, 2017), further investigation reveals that this is a complex variable. For example, increased communication with familial relationships is associated with lower prevalence of lifetime homelessness (van der Laan et al., 2017). Conversely, during the interview study one participant spoke about the how trauma of reconnecting with family sent him back to street homelessness and many others spoke about becoming homeless as a result of avoiding difficult familial relationships.

People who have experienced homelessness for a greater period of time report fewer social ties (O'Connell & Rosenheck, 2016), less integrated social networks (Green, Tucker, Golinelli, & Wenzel, 2013) and lower perceived support (Wright et al., 2017). It is therefore hypothesised that recurrently homeless people will report lower social support than people who are experiencing homelessness for the first time. Evidence suggests that the quality and type of support received better explains variation in findings than the quantity of contact, size of network or proximity to network. While there are many reports that homeless people feel a lack of social support (e.g. Fitzpatrick, 2017), there is an absence of control-based studies to ascertain the magnitude of this possible difference, compared with people that are not experiencing homelessness. This chapter will make direct comparisons between homeless people and housed people on the same social support measures. It is hypothesised that homeless people will perceive lower social

support than the control samples.

Mental Health. Although previous research has identified that homeless people report consistently lower levels of mental health across the globe (reviewed in Medlow, Klineberg, & Steinbeck, 2014; Norman & Pauly, 2013), findings from previously published studies are often used in lieu of a housed control sample. This chapter addresses this issue by making comparisons between individuals who have responded to the same questionnaire pack, over the same time period in the same nation. These are important methodological steps missing from the literature and should reduce any confounds potentially amplifying or reducing observed differences. It is however expected that, consistent with previous findings, homeless people will have significantly lower levels of overall mental health (i.e. higher combined levels of depression and anxiety) than the general control group.

Any observed differences may be related to a natural reaction to life stressors rather than pathology (Baer et al., 2012; Fitzpatrick et al., 2015; Lim et al., 2016). Homeless participants that have experienced a greater number of life stressors are therefore expected to report worse mental health. Depression has been found to be more prevalent in people experiencing long-term homelessness (La Gory et al., 1990). People who have experienced recurrent episodes of homelessness are therefore expected to have higher levels of depression than other homeless people.

Relationships between variables. Previous research implies that social support (Feeney & Collins, 2015), participants' perceived opportunity

to express related values (Bardi & Goodwin, 2011) and self-mastery, (Thompson & Gomez, 2014) may present opportunities for improving homeless people's quality of life. Understanding the interrelationships of variables may provide an indication of the most effective way to design an intervention.

Links of social support to other variables. During the interviews, many participants mentioned the detrimental impact of loneliness and social isolation as a result of their homelessness experiences. Lowered mental health was therefore anticipated to be associated with lower perceived social support in the homeless sample. Given the mixed findings regarding contact with support resources (Duchesne & Rothwell, 2016; van der Laan et al., 2017), it is further hypothesised that support perceptions will be more strongly associated with mental health than frequency of contact. Qualitative examinations have found that a combination of both emotional and instrumental support is associated with improved outcomes for homeless people (Tweed, 2013; Webb & Gazso, 2017). These findings will be tested to determine whether they quantitatively replicate.

It is expected that perceiving greater instrumental support will likely facilitate goal pursuit and foster autonomy, thereby reducing the acclimatisation effects of a homeless person's lowered social status. Greater instrumental support is therefore expected to be associated with higher power, achievement and self-direction values in the homeless sample. The link between relationships and survival (security values) is clearly articulated by participants when they talk about the development of homeless friendships

while on the street. Increased contact with homeless friends may provide an increased sense of security and reduce compensation effects. Increased contact with homeless friends is therefore expected to be associated with lower security value preferences in the homeless sample.

Participants in the interview study alluded to caring for family members out of a sense of duty, which could reflect family security, tradition or conformity values. It is therefore anticipated that increased quantity of familial contact will be more strongly associated with conservation values than benevolence values. The breakdown of family relationships may contribute to homeless participants developing issues with trust; specifically, a reluctance to trust new people they meet. Lower perceived familial support is therefore expected to be associated with decreased inclination to trust others.

Homeless people are anticipated to deprioritise benevolence values and withdraw from their support resources. Conversely, people that have benevolent behaviours modelled for them by those providing social support, may be more likely to value benevolence. A positive relationship between overall social support and benevolence values is therefore expected.

Links of self-mastery to other variables. Self-mastery is viewed as an outcome of adaptation and coping (Pearlin & Schooler, 1978) and is considered to reflect general wellbeing (Deci & Ryan, 2000). Poor self-mastery has consistently been associated with lower mental health in homeless samples (DeForge, 2008; Fitzpatrick et al., 2015; Tyler, Kort-Butler, & Swendener, 2014). Self-mastery is a stronger predictor of

depression than social support and stressors (La Gory et al, 1990) and mediates, or buffers, the negative relationship between stress and mental health in both homeless (La Gory et al, 1990) and student (Bovier, Chamot & Perneger, 2004) samples. The relationships between self-mastery, stress and mental health are anticipated to replicate, and not significantly differ, between homeless and housed groups. The fit between people's environment and values are related to wellbeing (Sagiv & Schwartz, 2000). The influence of value congruence, between homeless and housed samples' value preferences, on mental health will be examined relative to other mental health indicators such as social support, self-mastery and life stress.

The influence of opportunity. In the previous chapter, homeless people reported frustration at having to follow rules and feeling like they were back at square one in life. These reports were interpreted as communicating a lack of opportunity to be self-directed and to achieve in the eyes of others. Studies have found that homeless people perceiving greater choice in life report higher levels of self-mastery (Greenwood & Manning, 2017; Manning & Greenwood, 2018; O'Connor & Fitzpatrick, 2017). It is therefore expected that those people who do not feel they have an opportunity to achieve or be self-directed may perceive less control of their lives and may therefore have lower levels of self-mastery. Self-mastery is highly associated with mental health (DeForge, 2008; Fitzpatrick et al., 2015; Tyler, Kort-Butler, & Swendener, 2014) and it is expected that perceiving these opportunities, or not, will have related relationships with mental health.

Methodology

Participants. To improve generalisability of the findings, as diverse a range of homeless people as possible was included within the sample and people were recruited throughout the UK. Homeless and low SES participants were directly recruited through in-person visits to 47 recruitment sites representing a total of 10 different recruitment partners, the full details of whom can be found in appendix C. Details of the number of participants recruited through recruitment centres and respective participant payments, if any, can be found in appendix L. All samples were also recruited online via social media and Amazon MTurk (via Crowdfunder). A total of 1008 participants were recruited across the United Kingdom, of which 475 were recruited in person. All eligible respondents completed the questionnaire within the United Kingdom. Migrants were included in the data as they form 12.5% of the UK population (Rienzo & Vargas-Silva, 2014). Their inclusion thus improves the representativeness of the sample and increases ecological validity of the study.

The socioeconomic representation of low-paid online survey takers has yet to be established (reviewed in Samuel, 2018). It was decided to exclude Crowdfunder participants, who were each paid £1 for completing the survey, from the general housed sample. As relative economic status differentiates participants' responses on a large number of psychological measures (Sheehy-Skeffington & Rea, 2017), Crowdfunder participants were only included if they met the criteria for the homeless and low SES samples. Students were not actively recruited as the age and socio-economic

backgrounds of university students are not representative of the general population.

Participants were initially allocated to homeless and housed groups on the basis of their housing status only, however there were several issues with this methodology. Firstly, there was a very high representation of previously homeless people (49%) that declared they were living in council housing; the low SES housing indicator. While provision of housing from the local council is means tested and therefore a very accurate measure of SES (Blundell et al., 1988); no conclusive information regarding the number of council tenants who had previously experienced homelessness could be found. As there were estimated to be 307,000 homeless people in England during 2017 (Shelter, 2017) and 1,602,000 social housing accommodation units in use in England at the same time (Ministry of Housing, Communities & Local Government, 2018), the representation of previously homeless people within social housing was treated with caution. Removing all participants that were previously homeless likely provided an insufficient number of participants ($n=71$) to conduct planned analysis with satisfactory statistical power. Previously homeless people also represented 28% of participants that had declared that they lived in 'privately rented or owned accommodation'; the general housed group housing indicator. This representation is much higher than the approximate 5% of the population that is presently homeless (Crisis, 2018). Participants were therefore grouped as follows:

General housed participants. General housed participants included

people that had not declared that they are or were homeless, and were not recruited via Crowdfunder or the support-centres. Their accommodation status was ‘privately rented or owned accommodation’ (83%), ‘staying with friends or relatives (13%) and ‘other’ accommodation (4%). There were 104 participants (male=47, female=56, undisclosed=1) in the sample, with an average age of participants being 35 years ($SD=13$). The sample consisted of 20.6% migrants who immigrated an average of 11.5 years ago ($SD = 10.5$).

Low socioeconomic status (SES) participants. Low SES participants included individuals who indicated that they were living in council accommodation or were recruited through support-related centres for socioeconomically deprived people (e.g. Foodbanks) that had not indicated that they are, or were, homeless. The housing status of the low SES sample was; ‘staying in your own council property’ (55%), ‘staying with friends or relatives’ (25%), living in ‘privately rented or owned accommodation’ (15%) and ‘other’ accommodation (5%). The low SES sample included 108 participants (male=65, female=43) whose average age was 33 years ($SD=12$). The sample consisted of 9.3% migrants who immigrated an average of 9.5 years ago ($SD = 12.1$).

Homeless participants (when compared with housed participants).

For comparisons between homeless and housed participants, people who indicated that their accommodation status was ‘Homeless (Night shelter, Hostel, Public Place)’ were placed in the homeless sample. Participants that had indicated that they lived in ‘Supported Accommodation (Long term

accommodation for homeless people)' were removed from comparisons between homeless and housed groups in order to equalize participant numbers across samples; thereby improving power and reducing the possibility of unequal variances and Type I errors (Rusticus & Lovato, 2014). The sample of homeless people included 111 participants (male=82, female=28, undisclosed=1) with an average age of 33 years ($SD=12$). The sample consisted of 15.2% migrants who immigrated an average of 9.25 years ago ($SD = 8.5$).

Larger homeless sample (within homelessness comparisons). To improve statistical power and improve the generalisability of findings, homeless participants were resampled from the original pool of 971 participants. This 431-person sample (male=308, female=110, 13=undeclared) included people that declared on any related questionnaire items that they were presently or previously homeless. They had an average age of 35 years ($SD=12.5$). Participants ($n=91$) had been homeless for an average of 2.4 years with responses ranging from a few days to 11 years. The group was further split for the purposes of within-group comparisons into previously, first-occasion and recurrently homeless people.

Previously homeless people. The previously homeless sample included people that had experienced homelessness but were now living in privately rented accommodation or council housing. There were 173 participants (male=110, female=58, 5=undeclared) in this sample with an age of 35 years ($SD=12.01$). Being female $\chi^2(2) = 10.94, p < .01$ was significantly associated with being housed following experiences of

homelessness.

First Occasion Homeless People. The first occasion homeless people ($n=96$) either reported their accommodation status as 'homeless (night shelter, hostel, public place)' or living in 'supported accommodation (long term accommodation for homeless people)' and said that they had not been homeless more than once. There were 96 participants (male=70, female=23, 6=undeclared) in this sample with an average age of 33 years ($SD=14.16$).

Recurrently homeless people. The recurrently homeless people ($n=159$, male=128, female=29, undeclared=2) said that they had been homeless more than once and declared their accommodation status as 'homeless (night shelter, hostel, public place)' or living in 'supported accommodation (long term accommodation for homeless people)'. The average age of participants was 36 years old ($SD=12.50$). When examining which of the 17 measured life events were significantly related to someone experiencing homelessness more than once, it was found that people who had spent time in jail were more likely to report being homeless more than once $\beta = .22$, $t(229) = 3.43$, $p < .001$, whereas those who reported changing profession were less likely to report being homeless more than once $\beta = -.14$, $t(229) = -2.25$, $p < .05$.

Procedure. Recruitment commenced on 9 May 2013 and was completed on 11 June 2014. Participants completed a questionnaire pack, either on paper or online, depending on whether they were recruited by personal approach or via online media. Anticipation for literacy issues has been considered in the design of previous research with homeless people

(Fitzpatrick, Johnsen, & White, 2011). In-person recruitment enabled access to marginalised groups and ensured literacy or concentration problems did not exclude participants from the study. While exact figures of literacy in the homeless population overall are not available, reports from one of the recruitment partners was that literacy levels of their service users are around 50% however only 45 of the participants were assisted by the researcher in completing the questionnaire. In these instances, a neutral tone was maintained during questionnaire administration and questionnaires took between 30 and 60 minutes to complete. A thoroughly detailed account of participant recruitment and questionnaire administration can be found in the methodology chapter of this thesis. Pilot testing revealed that the online questionnaire took approximately 20 minutes to complete.

All participants that completed the questionnaire were entered into a £50 prize draw. Responses from children under the age of 16 years were excluded to ensure that consent guidelines had not been breached (British Psychological Society Research Board, 2011). Additional information about the ethical considerations and procedures undertaken in the research can be found in the 'ethical considerations' section of the methodology chapter in this thesis and in appendix D. All questionnaires completed outside of the UK were also excluded, to enable comparisons of homogeneous samples, as the participants in the homeless sample were recruited exclusively from within the UK. Full details of final participant numbers and remuneration by recruitment partner can be found in appendix L.

Offline recruitment. A total of 477 participants were recruited offline. Recruitment of homeless and low SES individuals primarily took place in

person (offline) at recruitment centres throughout the UK. The recruitment centres included Pret Foundation Trust, Shelter from the Storm, Homeless World Cup (England, Scotland and Wales), Trussell Trust Foodbanks, Department of Work and Pensions, The Stuart Low Trust, Business in the Community and St Mungo's. Full details of the recruitment approach can be found in the methodology chapter of this thesis. All participants that were recruited offline were paid £5 for completing the questionnaire. It was not possible to predict how many participants would complete the study at any given location. At some locations, participation was lower because potential participants were going out but wanted to participate later, or in some cases potential participants were at work. On these occasions, stamped addressed envelopes with a copy of the questionnaire and consent form were left at the location for participants to complete at their convenience. There were 152 participants who completed and returned the questionnaire via the postal service, 32% of the total offline sample. All participants that were recruited offline were paid £5 for completing the questionnaire by return post.

Online recruitment. Homeless, general housed group and low SES participants all responded via online recruitment. A total of 531 participants were recruited online including 112 unpaid participants recruited through social media postings to the questionnaire link on Facebook, Twitter, LinkedIn and the APS Social Psychology test section. The majority of social media participants formed the general control group. Participants were additionally recruited through Crowdfunder (an access platform for Amazon MTurk prior to its UK launch), and prior to them being accepted, their responses were rigorously checked to ensure that the open field questions

were completed in a manner that demonstrated comprehension of the questionnaire items. These Crowdfunder participants received a £1 payment.

Materials. Questionnaires were chosen to provide a quantitative dataset to test hypothesised relationships based on previous research and the interview content. As participants included both British nationals and migrants, internationally validated instruments were chosen where possible.

The questionnaire pack included a consent form on the cover page, examples of which can be found in appendices G and H. The questionnaire and consent form were both reviewed and approved by the Royal Holloway Ethics Committee and produced in accordance with the British Psychological Society Code of Conduct, Ethical Principles and Guidelines (2011).

The questionnaire pack was titled “What is important to you?” and examples of the questionnaire can be found in appendices M and N. The individual sections will now be briefly mentioned in the order in which they appeared in the questionnaire, and Cronbach’s alpha reliability coefficients reported where appropriate. More comprehensive information regarding scale selection, answering scales and coding methodologies can be found in the methodology chapter of this thesis.

Value preferences: The word ‘values’ was avoided during the administration and description of the research and measures, in order to avoid priming subjects to provide socially desirable or moralistic responses. The items were additionally amended from their original third person descriptors of ‘He/She’ to ‘I’ to avoid people reflecting on behaviour of others rather than

themselves and potentially providing socially desirable responses. The values measures were included immediately after questions asking participants about their age, gender and city of questionnaire completion, to ensure that priming participants for particular values with other items in the questionnaire pack was limited (Verplanken & Holland, 2002). Just over half of the participants ($n=505$) completed the 40-item Portrait Value Questionnaire (PVQ40; Schwartz, Melech, Lehmann, Burgess & Harris, 2001). Halfway through the data gathering phase, the PVQ40 was exchanged for the 21-item Portrait Value Questionnaire (PVQ21; Schwartz, 2003), to reduce participant fatigue, as participants complained about the length of the questionnaire and occasionally left the PVQ40 incomplete. The PVQ21 measures each of the 10 motivationally distinct types of values with two items (three for universalism). The PVQ21 version was completed by 503 participants. Although scores for values on both questionnaires are calculated on centred mean scores rather than a sum of scores, tests were conducted to ensure participant results would significantly deviate from the completed PVQ40 or PVQ21 scores. These examinations are fully discussed under the values measure section of the methodology chapter earlier in this thesis. The conclusion was to reduce both measures to 19 items (items 1-9 and 11 – 20 of both the PVQ21 and PVQ40 questionnaires) thereby excluding hedonism values from this enquiry. As there were no hypotheses regarding hedonism values and they are excluded from comparisons of higher order values; their removal was not deemed to be problematic. The 19-item measure showed sound factor structure across all groups in CFA conducted using MPlus. Test-retest ANOVA were applied to ensure that changing from the original PVQ40

or PVQ21 scores to the PVQ19 calculated scores did not produce significantly different value preference results.

Cronbach's alpha reliability coefficients for the PVQ19 scale are: power (.60), achievement (.66), stimulation (.56), self-direction (.49), universalism (.59), benevolence (.42), tradition (.42), conformity (.74), security (.64). The low levels of reliability can be explained by the scale only measuring two items to cover broad constructs. In order to test their reliability in the overarching structure of values with more items, the higher order values (Schwartz, 2003) were tested. Cronbach's alpha reliability coefficient for the whole sample on higher order values was: self enhancement (.71), openness to change (.64), self-transcendence (.69), conservation (.76). These results are within the range found when testing the scale across several nations (Vecchione et al., 2014).

Opportunity to express values: A measure was then included to assess the frequency with which individuals perceive that they have the opportunity to act on their values. A 10-item measure was devised, which asked participants how often they had the opportunity to express a particular value with one succinct statement per value. For example: 'help those closest to me' represented benevolence values. Response options included a 5-point scale with options ranging from 'always' to 'never'. To test the validity of the opportunity to express values scale, a Pearson Correlation was conducted to explore whether there was a relationship between participants' opportunity to express values and their value preferences on the full sample ($n=941$). Opportunity to express values was significantly positively correlated with its

corresponding value for all values, except for self-direction values (with a zero correlation). This finding is surprising as the phrasing of the opportunity to be self-directed measure asked people to rate the frequency with which they felt they had the opportunity to ‘make decisions about my own life’. The results can be found in appendix S.

Demographic measures: A comprehensive demographic section measured nationality, housing, employment and education status of participants. The demographic measures served several purposes; they enabled classification of group membership; provided a description of the sample and were used as covariates, if appropriate, in analysis. Measures included age, gender, nationality and length of time in the UK if a migrant. Country of completion was measured to ensure all completions took place within the UK. Although access to education is viewed as an indicator of SES (Galobardes, Shaw, Lawlor, Lynch & Smith, 2006), education levels were measured and reported descriptively for the groups.

Life-event scale: A 17-item modified and condensed version of the Social Readjustment scale (Holmes & Rahe 1967) was included to provide an indication of significant life events effects on value differences (Bardi et al, 2009) across samples. People were asked whether they had experienced stressful life events in their lifetime or in the last six months. Life events over the course of a lifetime were descriptive of the sample, in that they provide an indication of current and cumulative stress. The life events that occurred in the last 6 months will work as a covariate for wellbeing and value change.

Mental health: The Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983) then gathered information about participants' psychological wellbeing without environmental confounds (Johnston et al, 2000). For example, items such as 'I can laugh and see the funny side of things' (HADS) were used to measure depression rather than items such as 'I don't sleep as well as I used to' (Beck, 1961). The Cronbach's alpha reliability coefficients for the scale were: depression (.78), anxiety (.87), mental health (.88).

Social Networks and Support: A social interaction measure was included to measure the composition and frequency of contact, participants had with their social networks. Networks included: homeless friends, housed friends, family, paid and unpaid support workers and work colleagues (if applicable). A Significant Others Scale (Power, 2003) then measured the extent to which emotional support (e.g. trust, talk to frankly and share feelings with) and instrumental support (e.g. get financial and practical help) were perceived to be offered by each of these relationships. Cronbach's alpha reliability coefficients for the significant others' scale are: emotional support (.91), practical support (.91) and overall social support (.95).

Self-Mastery: Participants self-mastery (Pearlin & Schooler, 1978) were measured after the value questionnaires in order to avoid priming participants for potentially related values such as self-direction or power values. Cronbach's alpha reliability coefficient for the scale was .80. It should

be noted that although the Cronbach's alpha is high for self-mastery, due to measurement invariance tests between groups, as discussed in the methods chapter, it was recalculated using the negatively phrased items only, and Cronbach's alpha reliability slightly improved .83.

Trust: Participants were also asked if they generally trust new people they meet. They could provide binary 'yes' or 'no' responses to the question.

Additional information about homeless participants: Additional questions for people who had either experienced homelessness in their lives or were presently homeless, concluded the questionnaire. Homeless status was measured by the length of time participants had been homeless, whether they had slept rough (in the street, park or other public space), experienced homelessness more than once, and the length of time since their last experience of homelessness. The questions provided descriptive information about the participants and enabled within-group comparisons of the homeless sample.

Design. The participant groups (e.g. homeless, low socioeconomic status and general control group) are the independent variables in this design, and values, self-mastery, mental health and social support are the dependent values. Age and gender are the covariates. Following the tests of the hypotheses regarding intergroup differences, the hypotheses regarding the interrelationships between these variables will be tested. The relationships of independent variables, dependent variables and covariates will change

depending on the hypotheses. The effect of age, gender and nationality, as potential covariates on dependent variables by group will be tested. The opportunity to express certain values may have a direct impact on individual circumstances that provide context for acclimatisation (Schwartz & Bardi, 1997), however to improve statistical power, their influence with other psychological variables will only be tested where a specific hypothesis has been stated.

Analysis. Analyses were conducted in line with hypotheses and full analytical consideration taken is outlined in the methodology chapter of this thesis. Parametric data assumption testing was conducted in advance of all analyses and the results can be found in the methodology chapter of this thesis. Inspections showed the findings to be sufficiently normally distributed to run parametric tests. Homoscedasticity was achieved for all variables, with the exception of self-direction value preferences between homeless and housed groups. As the variance ratio was 1.72 the unequal variances will not be considered in the findings. In order to determine effects that are true to as broad a range of participants as possible, outliers were intentionally retained within the samples.

MANCOVAs are used to understand the differences in dependent variables between the groups while controlling for covariates (e.g., value differences between groups while controlling for age and gender effects). When considering covariates in the model, the differences in demographics and life characteristics, as well as availability of opportunities, may characterise the groups and the contexts within which they operate.

Controlling for the variance explained by all these characteristics in each of the analyses may risk controlling for intrinsic differences between these groups. Therefore, differences in education, nationality and significant life events will not be controlled for. In contrast, age and gender differences will be controlled for in every analysis, as this will control for potential sampling bias. The relationship of life events to other variables will be discussed within the context of relevant hypotheses.

Partial bivariate correlations were conducted when looking at simple relationships between two variables controlling for age and gender effects. Logistic regression was used to understand how much variance between groups is attributed to specific variables. The Process tool for SPSS developed by Preacher and Hayes was used for the calculation of moderation (model 1), mediation (model 4), and moderated mediation (model 7), within SPSS and following the instructions of Hayes (2013). Mediation was used to understand whether relationships between two variables could be explained by another variable. The process tool provides bias-corrected and accelerated confidence intervals (BCa CI) which correct for bias and skewness in the distribution of bootstrap estimates. The BCa CI values will therefore be reported for all mediation analysis (Field, 2013). Moderation was used to test whether the introduction of another variable would change the relationship between two variables, and moderated mediation was utilised to determine whether groups differed on mediation findings. Age and gender were used as covariates in all analyses in accordance with established research standards.

Results and Discussion

Covariates of Dependent Variables.

Age. None of the groups differed significantly in age. Age and the length of time someone had been homeless are both time-bound variables, however a correlation between the two variables in the larger homeless sample revealed that they are not collinear $r=.04, p=.72$. Age was included as a covariate in all analysis.

Gender. Homeless participants were significantly more likely to be male than housed participants $\chi^2(2) = 18.60, p < .001$. As gender will be controlled for in all analysis, the relationships between gender and the dependent variables are reported and discussed in appendix Q.

Education. The general control group participants had the highest level of education and the homeless sample had the lowest level of education when looking at the proportionate distribution of education within the sample. This is unsurprising as education is frequently used as an indicator of SES (Sheehy-Skeffington & Rea, 2018). A graph representing the different education levels for the homeless, low SES housed and general housed groups can be found in figure 4.

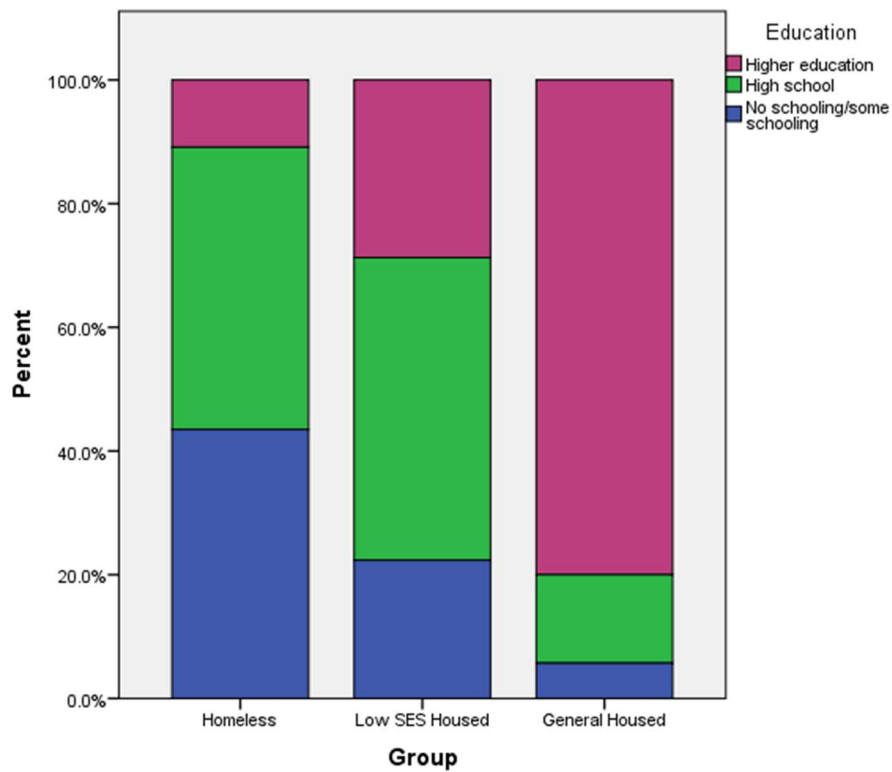


Figure 4. Percentage of Educational Attainment by Homeless, Low SES and General Housed Groups

People that were housed following experiences of homelessness had a greater proportion of people that had attained higher education qualifications (34%) than first-occasion (28%) or recurrently homeless participants (15%). There was also greater representation of those with some or no schooling in the recurrently homeless sample (39%) than the previously (25%) or first occasion homeless sample (28%). A graph representing education levels of participants that have experienced homelessness can be found in figure 5.

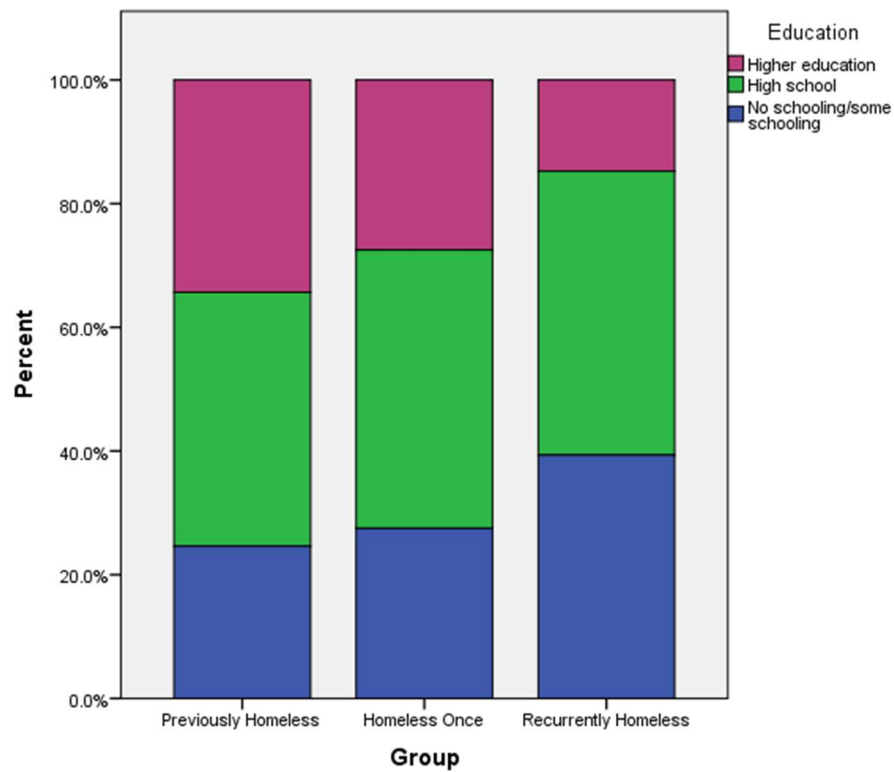


Figure 5. Percentage of Educational Attainment by Previously, First-occasion and Recurrently Homeless Groups.

Multivariate analysis of covariance was run with educational attainment as the predictor variable and value preferences, self-mastery and mental health as the dependent variable with age and gender as the covariates. Within the larger homeless sample, there was not a significant difference in levels of mental health, self-mastery and almost all value preferences depending on a person's level of education. The one exception was that homeless participants that had completed their high school education reported significantly higher levels of self-direction value preferences $p=.013$, 95%CI [0.071, 0.594] than those with no schooling or some schooling. This is consistent with previous findings relating to education and self-direction values (Schwartz, 2005).

When running the same analysis with the combined homeless and housed sample, those who had completed higher education had a significantly higher sense of self mastery than those who had completed high school $p=.032$, 95%CI [0.029, 0.527] however the difference was not significant from those with some or no schooling. Those that had attained higher education also reported significantly better mental health than both those with some or no schooling $p=.009$, 95%CI [0.144, 1.015] and those with a high school diploma $p=.004$, 95%CI [0.181, 0.963]. Educational attainment was not related to values when controlling for age and gender in this sample. This finding is contrary to previous research (Schwartz, 2005; Steinmetz, Schmidt, Tina-Booh, Wiczorek & Schwartz, 2009) which found that educational attainment is positively related to self-direction values and negatively to conservation values. The contradiction may be accounted for in the use of age and gender as covariates in this analysis.

Nationality. The homeless and housed groups differed significantly in the number of migrants within the sample $\chi^2(2) = 7.39, p < .05$. Low SES participants reported the highest representation of UK nationals (90.7%), followed by the homeless sample (84.8%) and then the general control sample (79.4%). There were no significant differences between the length of time migrants in the respective groups had lived in the UK $F(2, 32) = .20, p = .82$. A MANCOVA was conducted to see whether UK nationals differed from foreign nationals with regard to their value preferences, social support, self-mastery and mental health. Nationality was coded as UK nationals = 1, non-UK national = 0. The groups did not significantly differ according to social

support, self-mastery and mental health. UK nationals valued benevolence $F(1, 681) = 10.30, p = .001, \omega^2 = .013$ and security $F(1, 681) = 7.22, p = .007, \omega^2 = .009$ significantly more than those that declared that they were not UK nationals. UK nationals valued stimulation $F(1, 681) = 3.87, p = .05, \omega^2 = .004$ and tradition $F(1, 681) = 5.98, p < .001, \omega^2 = .007$ significantly less than non-UK nationals. A post-hoc MANCOVA was conducted to ensure that the inclusion of nationality as a covariate with age and gender did not significantly alter the later reported differences between groups on benevolence, security and tradition values, and this was confirmed.

Stressful life events. Homeless participants experienced significantly more stressful life events than housed participants; both over the course of their lifetime $F(2, 283) = 36.72, p < .001, \omega^2 = .038$ and within the last 6 months $F(2, 283) = 34.67, p < .001, \omega^2 = .101$. The frequency of occurrence of each life event by group is reported in appendix R and the average number of events per groups is reported in table 5.1. There is established literature that stressful life events effect both mental health (Lim et al., 2016) and values (Daniel et al, 2013). The impact of life events on self-mastery is relatively untested. Tests relevant to hypotheses will be reported in the appropriate subsection.

Table 5.1 Total Life Experiences by Housing Group

<i>Average Number of Life Events</i>	<i>Group</i>	<i>M</i>	<i>SD</i>	<i>95% Confidence Interval</i>	
				<i>LL</i>	<i>UL</i>
Entire lifetime	Homeless	8.32	.26	7.81	8.84
	Low SES	5.68	.29	5.10	6.25
	General Housed	5.45	.26	4.95	5.96
Last six months	Homeless	2.70	.16	2.39	3.01
	Low SES	1.35	.18	1.00	1.70
	General Housed	0.90	.16	0.60	1.21

Values. Scores for each respondent were mean-centred in order to control for response bias and provide an understanding of a value's importance relative to other value preferences (Borg & Bardi, 2016). The underlying assumption in this thesis is that homeless people will experience value change as a result of their homelessness experiences and thereby report different value priorities compared to housed samples. A between-subjects MANCOVA showed homeless and housed groups significantly differed in values preferences, $\Lambda = 0.84$, $F(18,582) = 3.01$, $p < .001$, $\eta^2 = .09$ and the results of univariate ANCOVAs detailing these differences are presented in Table 5.2.1 and Table 5.2.2.

Table 5.2.1 Differences in Value Preferences between Homeless and Housed Groups

	<i>Group</i>	<i>Mean^a (SD)</i>	<i>F</i>	<i>Partial η²</i>	<i>p^b</i>	<i>95% CI [LL, UL]</i>
<i>Power</i>	Homeless	-1.42 (0.10)	1.67	0.01		
	Low SES	-1.26 (0.10)			0.261	[-0.45, 0.12]
	General	-1.15 (0.10)			0.071	[-0.56, 0.03]
<i>Achievement</i>	Homeless	-0.30 (0.09)	5.93**	0.04		
	Low SES	-0.20 (0.09)			0.471	[-0.35, 0.16]
	General	0.13 (0.09)			0.001	[-0.69, -0.17]
<i>Stimulation</i>	Homeless	0.26 (0.09)	2.93*	0.02		
	Low SES	-0.04 (0.09)			0.024	[0.04, 0.55]
	General	0.00 (0.09)			0.059	[-0.01, 0.52]
<i>Self-direction</i>	Homeless	0.64 (0.08)	2.24	0.02		
	Low SES	0.53 (0.08)			0.346	[-0.12, 0.33]
	General	0.77 (0.08)			0.252	[-0.36, 0.09]
<i>Universalism</i>	Homeless	0.55 (0.07)	3.05*	0.02		
	Low SES	0.68 (0.07)			0.178	[-0.33, 0.06]
	General	0.80 (0.07)			0.014	[-0.45, -0.05]
<i>Benevolence</i>	Homeless	0.74 (0.08)	0.43	0.003		
	Low SES	0.83 (0.08)			0.414	[-0.30, 0.12]
	General	0.83 (0.08)			0.426	[-0.30, 0.13]
<i>Tradition</i>	Homeless	-0.72 (0.11)	7.45***	0.05		
	Low SES	-1.05 (0.10)			0.027	[0.04, 0.63]
	General	-1.31 (0.11)			0.000	[0.29, 0.89]
<i>Conformity</i>	Homeless	-0.14 (0.1)	5.94**	0.04		
	Low SES	-0.18 (0.1)			0.77	[-0.23, 0.31]
	General	-0.58 (0.1)			0.002	[0.16, 0.72]
<i>Security</i>	Homeless	0.13 (0.09)	2.72	0.02		
	Low SES	0.36 (0.09)			0.069	[-0.49, 0.02]
	General	0.09 (0.09)			0.755	[-0.22, 0.30]

*Notes : * p < .05. ** p < .01. *** p < .001; a. Mean estimated to account for covariates appearing in the model evaluated at the following values: What is your age? = 33.47, What is your Gender = 1.40; b. p-values for pairwise comparisons on estimated mean difference to homeless sample; Sample size for Homeless (n=102), Low SES (n=101) General Population (n = 101); df1 = 12; df2 = 292*

A further between-subjects MANCOVA was conducted to compare differences in value preferences between the previously homeless, first time homeless and recurrently homeless samples. Pillai's trace was selected for interpretation as the sample sizes are unequal (Field, 2009). There was a significant difference in value preferences between the first occasion, recurrently and previously homeless groups $V = .10, F(18, 776) = 2.12, p =$

.004 and the results of univariate ANCOVAs detailing specific differences are presented in Table 5.3. These findings support the hypothesis that homeless people hold different value preferences than housed people, which may present an additional challenge to their successful return to housing. Differences are anticipated to be the product of acclimatisation and compensation processes (Schwartz & Bardi, 1997), and the findings related to specific hypotheses will now be reported and discussed.

Table 5.2.2 Differences in Value Preferences between Homeless and Housed Groups

	<i>Group</i>	<i>Mean^a (SD)</i>	<i>F</i>	<i>Partial n²</i>	<i>p^b</i>	<i>95% CI [LL, UL]</i>
<i>Openness to Change</i>	Homeless	0.46 (0.06)	2.82	0.02		
	Low SES	0.25 (0.06)			0.02	[0.03, 0.38]
	General	0.39 (0.06)			0.439	[-0.11, 0.25]
<i>Self Enhancement</i>	Homeless	-0.83 (0.08)	4.76**	0.03		
	Low SES	-0.71 (0.07)			0.224	[-0.34, 0.08]
	General	-0.50 (0.08)			0.002	[-0.55, -0.12]
<i>Self Transcendence</i>	Homeless	0.64 (0.06)	2.18	0.01		
	Low SES	0.71 (0.06)			0.323	[-0.24, 0.08]
	General	0.81 (0.06)			0.038	[-0.33, -0.01]
<i>Conservation</i>	Homeless	-0.27 (0.06)	8.31***	0.05		
	Low SES	-0.30 (0.06)			0.761	[-0.14, 0.19]
	General	-0.60 (0.06)			0.000	[0.15, 0.50]

*Notes : * p < .05. ** p < .01. *** p < .001; a. Mean estimated to account for covariates appearing in the model evaluated at the following values: What is your age? = 33.47, What is your Gender = 1.40; b. p-values for pairwise comparisons on estimated mean difference to homeless sample; Sample size for Homeless (n=105), Low SES (n=101) General Population (n = 101); df1 = 4; df2 = 315.*

Acclimatisation effects. Value preferences were anticipated to reflect the participants' opportunity to express related values (Bardi & Goodwin, 2011). Homeless and housed groups significantly differed in their perceived opportunity to express values $\lambda = 0.76$, $F(20,530) = 3.88$, $p < .001$. Univariate ANCOVAs are presented in Table 5.4.

Table 5.3 Differences in Value Preferences between Previously, First-occasion and Recurrently Homeless Groups

	<i>Homeless Group</i>	<i>n</i>	<i>Mean^a</i>	<i>SD</i>	<i>F</i>	<i>Partial n²</i>
<i>Power</i>	Previously	158	-1.27	0.08	0.12	0.00
	First-occasion	87	-1.34	0.11		
	Recurrently	150	-1.29	0.09		
<i>Achievement</i>	Previously	158	-0.39	0.07	0.51	0.00
	First-occasion	87	-0.29	0.09		
	Recurrently	150	-0.40	0.07		
<i>Stimulation</i>	Previously	158	0.12	0.07	0.37	0.00
	First-occasion	87	0.21	0.09		
	Recurrently	150	0.19	0.08		
<i>Self Direction</i>	Previously	158	0.52	0.07	1.48	0.01
	First-occasion	87	0.58	0.09		
	Recurrently	150	0.69	0.07		
<i>Universalism</i>	Previously	158	0.67	0.06	1.00	0.01
	First-occasion	87	0.57	0.07		
	Recurrently	150	0.58	0.06		
<i>Benevolence</i>	Previously	158	0.82	0.06	2.76**	0.02
	First-occasion	87	0.60	0.09		
	Recurrently	150	0.64	0.07		
<i>Tradition</i>	Previously	158	-0.80	0.08	1.62	0.01
	First-occasion	87	-0.79	0.11		
	Recurrently	150	-0.61	0.08		
<i>Conformity</i>	Previously	158	-0.37	0.08	4.64**	0.02
	First-occasion	87	-0.00	0.10		
	Recurrently	150	-0.33	0.08		
<i>Security</i>	Previously	158	0.38	0.07	1.89	0.01
	First-occasion	87	0.19	0.10		
	Recurrently	150	0.20	0.07		

Notes: * $p < .05$. ** $p < .01$. *** $p < .001$. $df1 = 4$; $df2 = 397 =$; for all tests. Covariates appearing in the model are evaluated at the following values: What is your age? = 33.15, What is your Gender = 1.25.

In support of the hypotheses and interview responses, homeless people placed significantly lower importance on self-enhancement values than the general housed group 95% CI [-.55, -.12], $p=.002$. Homeless people may have adapted their values to the opportunities available to them, as

opportunity to express self-enhancement values significantly mediated the relationship between group status and self-enhancement value preferences $\beta = .02$, 95% BCa CI [.004, .05]. Although the homeless and low SES groups did not significantly differ in their preferences for self-enhancement values, the relative means of the homeless and housed comparison groups suggest that the importance of self-enhancement values is related to one's social status, in that those with higher social status will have a higher preference for self-enhancement values.

Homeless and housed groups differed significantly in their universalism value preferences $F(4,299) = 1.50$, $p = .05$, $\omega^2 = .01$. Contrary to expectations, homeless participants did not significantly differ from the low socioeconomic status sample and had significantly lower universalism value preferences than the general housed sample 95% CI [-.45, -.05], $p = .01$. These findings appear to contradict the hypothesis and accounts of homeless people in the interview study, who reported consciously reevaluating (Bardi & Goodwin, 2011) life as a result of their homelessness experience and placing greater importance on helping others in a similar position. An explanation may be that homeless people were less likely to perceive opportunities to express universalism values (taking care of the wider world) than the low SES and general control group samples. In fact, homeless participants perceived the opportunity to express universalism values least, after only power and achievement values. It may be that an inability to express this value results in inhibitive acclimatisation effects on the importance of universalism values.

Table 5.4 Differences in Opportunity to Express Values between Homeless, Low SES & General Housed Groups

	<i>Housing Group</i>	<i>Mean^a (SD)</i>	<i>F</i>	<i>Partial n²</i>	<i>t</i>
<i>Power</i>	Homeless	2.06 (0.12)	1.75	0.01	
	Low SES	2.07 (0.11)			0.03
	General	2.34 (0.12)			1.62
<i>Achievement</i>	Homeless	2.23 (0.10)	1.58	0.01	
	Low SES	2.33 (0.10)			0.68
	General	2.49 (0.11)			1.76
<i>Stimulation</i>	Homeless	2.96 (0.11)	2.97	0.02	
	Low SES	2.69 (0.10)			-1.87
	General	2.61 (0.11)			-2.30*
<i>Self-direction</i>	Homeless	3.31 (0.09)	2.04	0.02	
	Low SES	3.10 (0.09)			-1.61
	General	3.06 (0.09)			-1.87
<i>Universalism</i>	Homeless	2.33 (0.11)	0.89	0.01	
	Low SES	2.54 (0.11)			1.33
	General	2.44 (0.11)			0.66
<i>Benevolence</i>	Homeless	3.08 (0.09)	8.74***	0.06	
	Low SES	3.21 (0.09)			0.97
	General	2.69 (0.09)			-3.00**
<i>Tradition</i>	Homeless	2.68 (0.11)	2.06	0.02	
	Low SES	2.57 (0.11)			-0.73
	General	2.36 (0.11)			-2.00*
<i>Conformity</i>	Homeless	2.40 (0.10)	5.58**	0.04	
	Low SES	2.59 (0.09)			1.39
	General	2.87 (0.10)			3.32***
<i>Security</i>	Homeless	3.20 (0.09)	0.37	0.00	
	Low SES	3.28 (0.08)			0.73
	General	3.20 (0.09)			-0.01

*Notes : Opp to Express Vals: Sample size for Homeless (n=93), Low SES (n=95) General housed (n = 91); dfl = 4; df274 = ; for all tests. Covariates appearing in the model are evaluated at the following values: What is your age? = 33.35, What is your Gender = 1.39. * p < .05. ** p < .01. *** p < .001*

Homeless people did place most importance on universalism values, after benevolence and self-direction values, so although the mean comparisons were not in the direction expected, it would be inaccurate to infer that these values are not important to homeless people. It also demonstrates that the hierarchy of preferences in values for homeless participants largely

reflects what is normally found (Schwartz & Bardi, 2001).

Contrary to expectations, homeless and housed groups did not differ significantly in terms of their benevolence value preferences. In contradiction to findings in the MSc research (Rea, 2012) which was used as a pilot study for this thesis, benevolence value preferences did not have a significant relationship with the length of time someone had been homeless. This may be due to the inclusion of age and gender as covariates within this study, the impact of the sample being sourced nationally versus solely from London, or the use of the PVQ40 in the pilot study versus the PVQ19 in this study. Previously homeless participants reported marginally higher benevolence values preferences than first occasion homeless people 95% CI [.01, 42], $p=.05$ and recurrently homeless people 95% CI [-.002, 36], $p=.053$. These findings suggest that although homeless and housed groups do not significantly differ in terms of their benevolence value preferences, higher benevolence value preferences may be related to transitioning out of the situation of homelessness. This relationship should hopefully become clearer with the benefit of longitudinal analysis reported in the next chapter of this thesis.

Homeless participants were anticipated to have lowered their self-direction value preferences as a result of living in the highly regimented shelter environment (Meanwhile, 2013). While homeless participants had lower self-direction value preferences than the general housed group, this relationship was not significant. It may be that the sampling used for homeless participants interfered with the findings, as those who were living in 'supported' accommodation (i.e. long-term supported accommodation for

homeless people) were excluded from the homeless sample for housed comparisons. By virtue of their accommodation category, those with permanent accommodation are perhaps most likely to represent homeless people who have had prolonged exposure to the shelter environment. Perceiving fewer opportunities to be self-directed was not associated with lower self-direction values within the homeless sample. This was the only value that was not significantly associated with its corresponding value-opportunity (see appendix S). Self-direction value preferences were also not related to the length of time a participant had been homeless, the number of times they had experienced homelessness or if they had exited homelessness. Benevolence and self-direction values were the most important values to the homeless sample, reflecting findings across a pan-cultural hierarchy (Schwartz & Bardi, 2001). There are a number of reasons why this may have been found. It could be that self-direction value preferences are resilient, even in the context of homelessness experiences. Maslow (1973) theorised that once deficit needs are met, one will continue to prioritise autonomy and self-actualisation. These findings suggest that those accessing homelessness services, to have their basic needs (food, water, warmth, safety) met, may begin to prioritise autonomy. It could also be that rephrasing the questionnaire items to the first person, rather than their original third-person format, unwittingly primed self-direction values throughout the process of completion. As the hierarchy of values did not largely differ from what is normally found (Schwartz & Bardi, 2001) this explanation seems unlikely. Future research may however consider testing the replicability of these findings when the original third person format of these questions is applied.

Compensation effects. Homeless people were expected to have significantly higher conservation (security, conformity and tradition) values than the low SES and general housed group, potentially as a product of compensation effects (Schwartz & Bardi, 1997). Compensation effects typically result in increases in the importance of conservation values as a compensatory reaction to personal (Daniel et al., 2013) or social (Verkasalo, Goodwin, & Bezmenova, 2006) stress associated with non-satisfaction of Maslow's (1959) deficit needs. Homeless people held the highest conservation value preferences relative to housed groups and differed significantly from the general housed group 95% CI [.15, .50], $p < .001$, but not the low SES group.

Looking at the composite values; homeless and housed groups differed significantly in conformity $F(1,299) = 5.94$, $p = .003$, $\omega^2 = .03$ and tradition values $F(1,299) = 8.25$, $p = .001$, $\omega^2 = .04$ but not security values. Homeless participants had significantly higher tradition value preferences than both the low socioeconomic status 95% CI [.04, .63], $p = .03$ and general housed samples 95% CI [.29, .89], $p < .001$. People that had experienced longer periods of homelessness held higher preference for tradition values $r = .30$, $p = .007$. Tradition values were also the only values which were significantly related to the length of time a person had experienced homelessness. What is particularly interesting about this finding is how it may relate to learned helplessness. Tradition values are comprised of two items, one looking at religious adherence and the other (item 9) phrased as follows: *'I think it is important not to ask for more than what I have. I believe*

that people should be satisfied with what they have.' This suggests that the longer a person has experienced homelessness, the more likely they are to accept the state of homelessness, perhaps to reduce cognitive dissonance. It should be noted that it could equally mean that homeless people who do not believe they should have more, tend to remain homeless for longer periods of time. Understanding whether this value changes over time will be of interest in understanding whether there is potential for learned helplessness in the longitudinal study.

Homeless people also reported significantly higher conformity value preferences than the general housed sample 95% CI [.16, .72], $p=.002$, but not the low SES group. People that experienced homelessness for the first time had significantly higher preferences for conformity values than those who were previously homeless 95% CI [.11, .61], $p=.004$ or who had experienced homelessness more than once 95% CI [.08, .58], $p=.01$. Schwartz (2012, p. 9) notes the shared motivational emphasis of conformity and tradition values as 'subordination of self in favour of socially imposed expectations', offering potential support for the learned helplessness theory and previous research (Meanwell, 2013) that navigating homelessness often requires the subordination of autonomy.

Themes related to personal security values were discussed at length by participants in the previous chapter, but security values were not significantly higher in the homeless, compared with the housed samples. As the experience of homelessness and its relationship to security was largely discussed, in the interviews, on the basis of personal (safety of the self, health and hygiene) rather than societal (safety of the nation from outside threats)

security factors, a follow up ANCOVA comparing participants on the mean-centred value scores for personal security only (PVQ19 item 5), revealed that although there was a significant difference between the groups $F(2,306) = 3.49, p = .03, \omega^2 = .02$, homeless people ($M = .31, SD = .11$) did not differ significantly from the low socioeconomic status ($M = .57, SD = .11$) or general housed samples ($M = .15, SD = .12$) in pairwise comparisons. A possible explanation for the lack of significant difference between security values of the homeless and housed groups in the pairwise comparisons is that participants were recruited from the homeless support infrastructure (e.g. foodbanks, shelters and long-term accommodation for homeless people), and therefore their basic security needs were met, thus the salience of these values was not being primed. In order to meet their security needs homeless people needed to relinquish autonomy and conform. Therefore autonomy-related (conformity and self-direction), rather than security-related, values are possibly the most salient deficit needs. As there were only single items measuring both personal and social security, future analysis could compare the differences of security value preferences on a more clearly differentiated measure of personal and social security (e.g. Schwartz et al., 2012).

Self-mastery. Within the interview study, people talked about the strain they felt travelling between day and night shelters and their frustration with moving from queue to queue to get their basic needs met. These accounts aligned with previous research discussing the regimented nature of the homelessness support infrastructure (Meanwell, 2013). Previous research has found that decreased choice is associated with lower self-mastery in homeless

samples (Greenwood & Manning, 2017; Manning & Greenwood, 2018; O'Connor & Fitzpatrick, 2017). Homeless people were anticipated to supplant their personal control in order to access resources, and self-mastery was found to be the lowest in the homeless group compared with housed groups $F(4, 287) = 22.13, p < .001, \omega^2 = .13$. Homeless people reported significantly lower levels of self-mastery than the low socioeconomic status 95% CI [-.51, -.09], $p = .005$ and general 95% CI [-.94, -.51], $p < .001$ housed groups. While there have been many studies that highlight the importance of mastery for outcomes and wellbeing in homeless samples (e.g. Slesnick et al, 2017), there are limited findings making direct comparisons between homeless and housed groups on mastery-related measures. The finding that mastery is lower in homeless than in low socioeconomic samples, suggests that the more complex issue of lack of housing presents homeless people with additional challenges to their self-mastery than one might typically find in related socioeconomic indicators (Sheehy-Skeffington & Rea, 2017).

Contrary to expectations, homeless participants did not have significantly different mean scores depending on whether they were previously, recurrently or initially homeless. Furthermore, people who had experienced homelessness for a longer period of time were likely to report higher, rather than expected lower, levels of self-mastery $r(81) = .22, p = .05$ in a two-tailed Pearson correlation. Perhaps people feel a greater sense of control as they become more familiar with the context of homelessness. The relationship between self-mastery and homelessness over time will be longitudinally tested in the next chapter

Stepwise linear regression assessed which life events accounted for

the most variance in levels of self-mastery in the larger homeless sample. The variance of age and gender was accounted for first, then the influence of recently experienced events, followed by events experienced over the course of a person's life. Experiences of prison $\beta = -.19, t(196) = -2.20, p = .03$ and frontline military service $\beta = -.18, t(196) = -1.99, p = .05$ in the last six months were the only life experiences significantly associated with lower levels of self-mastery, which supports the link between institutional experiences and reduced self-mastery. Encouragingly, volunteering in the last six months was significantly associated with a higher score on self-mastery within the homeless sample $\beta = .19, t(196) = 2.09, p = .04$. This finding is encouraging as it suggests that interventions providing volunteering opportunities may increase homeless people's sense of self-mastery.

Social support. The interview study and previous research (e.g. Fitzpatrick, 2017) suggested that homelessness may be linked to an absence of social support. A between-subjects MANCOVA was conducted to compare homeless people with low SES and general control groups on differences in emotional, practical and overall social support. As the groups were uneven sizes with nearly twice as many general control group ($n=95$) participants compared with homeless ($n=53$) or low SES ($n = 44$) participants, Pillai's trace was used for the analysis (Field, 2013). There was a significant difference in emotional, instrumental and overall social support between the groups $V = .08, F(4, 374) = 3.67, p = .006, \eta^2 = .04$. Supplementary univariate analyses including individual group means and standard deviations can be viewed in Table 5.5.

Table 5.5 Differences in Social Support between Homeless and Housed Groups

	<i>Group</i>	<i>Mean^a</i>	<i>SD</i>	<i>F</i>	<i>ω²</i>
<i>Emotional Support</i>	Homeless	7.24	0.57	6.49**	.07
	Low SES	7.41	0.61		
	General Housed	9.43	0.42		
<i>Practical Support</i>	Homeless	7.62	0.58	6.46**	.07
	Low SES	8.30	0.63		
	General Housed	10.07	0.43		
<i>Social Support Total</i>	Homeless	14.86	1.09	7.12***	.07
	Low SES	15.70	1.18		
	General Housed	19.50	0.80		

*Notes: **p<.01. ***p<.001. Homeless and low SES groups did not differ on all measures of social support but did differ significantly from the general housed group.
a. means are adjusted controlling for age=33.65 and gender=1.40. Sample size for all tests is: Homeless (53), Low SES (44), General Housed (95).*

While homeless people reported the lowest levels of social support, the difference did not reach significance from the low socioeconomic status sample. The homeless sample had significantly lower emotional 95% CI [-3.59, -.80], $p=.002$ and instrumental 95% CI [-3.88, -1.01], $p=.001$ support than the general housed group. Although the confidence interval range is smaller for instrumental support, there was not a tremendous difference found between homeless people and housed groups on instrumental support $F(2, 187) = 6.46, p = .002, \omega^2 = .10$ compared with emotional support $F(2, 187) = 6.49, p = .002, \omega^2 = .01$.

A between-subjects one-way MANCOVA showed the previously homeless, first-occasion and recurrently homeless groups did not significantly differ in their levels of emotional, instrumental and total social support. A partial correlation showed that contrary to previous research (Wright et al., 2017) and hypothesis, the length of time someone had been homeless was not significantly related to their perceived social support. The

actual impact of remaining homeless over time will be measured in the next chapter.

Mental Health. A between-subjects MANCOVA (supplemented by univariate analyses in Table 5.6) found that there was a significant difference in depression, anxiety and mental health between the homeless and housed groups, $\Lambda = 0.85$, $F(4, 598) = 12.32$, $p < .001$. This reflects reports, in the interview study and previous literature (Cherner et al, 2017), of depression related to experiences of homelessness. Mental health was significantly lower in homeless participants compared with both low SES 95% CI [-.95, -.38], $p < .001$ and general 95% CI [-1.25, -.66], $p < .001$ housed participants $F(2, 300) = 21.49$, $p < .001$, $\omega^2 = .12$. This strengthens previous findings which compare results from homeless participants with those of other studies on general samples (e.g. Hodgson et al, 2015), as these results were replicated on samples that had completed the same questionnaire, over the same time-period, in the same country.

Previous research (Baer et al., 2012; Fitzpatrick et al., 2015; Lim et al., 2016) contextualises lower mental health as a natural reaction to life stressors and circumstances, and homeless people were significantly more likely to report exposure to life stressors than low SES 95% CI [2.01, 3.44] or general housed 95% CI [2.13, 3.58] participants. One-tailed partial correlations showed increased stressful life events were associated with both lower mental health over the life course $r(337) = -.13$, $p = .008$ and within the last 6 months $r(337) = -.09$, $p = .05$. Linear regression assessed which life events accounted for the most variance in levels of mental health within the

larger sample of homeless people. Starting a new relationship, or reuniting with relations $\beta = .17, t(198) = 2.02, p = .05$ was the only significant predictor of higher levels of mental health for homeless participants. This suggests that, although homeless people have significantly poorer mental health, finding additional social support could buffer the effect of this stress.

Table 5.6 Differences in Mental Health between Homeless and Housed Groups

	<i>Housing Group</i>	<i>Mean</i>	<i>SD</i>	<i>F</i>	<i>Partial η^2</i>
<i>Depression</i>	Homeless ^a	1.20	0.05	21.16***	0.12
	Low SES ^b	0.89	0.05		
	General ^b	0.73	0.05		
<i>Anxiety</i>	Homeless ^a	1.28	0.05	21.54***	0.13
	Low SES ^b	0.93	0.05		
	General ^b	0.80	0.05		
<i>Mental health</i>	Homeless ^a	-2.48	0.10	21.49***	0.13
	Low SES ^b	-1.82	0.10		
	General ^b	-1.53	0.11		

*Notes: *** $p < .001$. Different superscript letters indicate significant differences between groups.*

Adjusted means are reported controlling for age=33.65 and gender=1.40. Sample sizes for all comparisons are Homeless (103), Low SES (103), General Housed (99).

Contrary to previous findings (La Gory et al, 1990), mental health, depression and anxiety were not significantly correlated with the length of time a person had experienced homelessness. As expected, depression was greatest in individuals who had recurrent experiences of homelessness $F(2, 393) = 2.91, p = .056, \omega^2 = .002$.

Relationships between variables. While differences between homeless and housed groups provide an indication of areas in which homeless

people may be better supported, looking at the interrelationships of the psychosocial factors provides insight into how best to target support interventions. The presentation format of the following subsections is in order to organise content, and the reported relationships therefore need to be understood in the context of interrelationships between variables rather than causal determinants.

The potential effect of social support.

Social support and mental health. Social support has been shown to be positively associated with psychological wellbeing (Lin, 2009). However, the mistrust homeless people expressed about those ostensibly ‘helping’ them during the interview study highlights the potential for disconnect between support given and received. The hypothesis that perceived social support $\beta = .24, t = 3.27, p = .001$ was a better predictor of mental health than amount of contact with support resources $\beta = .03, t = .38, p = .71$, was confirmed in the larger homeless sample. People that were more inclined to trust others also reported significantly higher levels of perceived social support in partial bivariate one-tailed correlations $r(198) = .31, p < .001$. This highlights the importance of measuring support-perception, rather than contact frequency or duration, when examining social support and may explain some of the conflicting results found within the literature. It also highlights the relationship between trusting others and perceiving greater social support.

Attempts to quantitatively replicate previous qualitative findings that both emotional and instrumental support significantly predicted better outcomes for homeless people (Tweed, 2013; Webb & Gazso, 2017), showed

that in terms of mental health, emotional support is most strongly associated. A regression in the larger homeless sample showed that instrumental support was no longer a significant predictor of mental health $\beta = .10, t = .81, p=.42$ when emotional support $\beta = .26, t = 2.04, p=.04$ was entered into the model. This is encouraging as it suggests that expanding the emotional support available to homeless people may buffer the effects of material deprivation.

Social support and values. Partial one-tailed correlations showed that instrumental support had a significant positive relationship with achievement values $r(212) = .121, p=.04$ in the larger homeless sample. Contrary to expectations, the relationships between instrumental support and power and self-direction values were not significant. Hence, instrumental support may not fully alleviate the potential acclimatisation effects one may experience as a result of a lowered social position. As hypothesised, increased frequency of contact with homeless peers was associated with lower security values in the larger homeless sample $r(163) = -.20, p=.004$, in two-tailed partial bivariate correlations. This indicates that these friendships may ameliorate potential compensation effects by providing a sense of security, thereby potentially lowering the importance of security values.

Participants in the interviews made statements that alluded to caring for family members out of a sense of duty, which could reflect family security, tradition or conformity values. It was therefore hypothesised that increased familial contact will be more strongly associated with higher conservation values than benevolence values. Regression was conducted with family contact as the outcome variable, age and gender entered in the first step and

tradition, conformity, security and benevolence values added in the second step as the predictor variables. None of the predictor variables were significantly related to frequency of family contact in the larger homeless sample. This may suggest that it is perhaps the quality of contact, rather than frequency of contact, that is particularly important in the context of values. As expected, perceiving greater support from family members was associated with higher disposition to trust others $r(338) = .25, p < .001$ in the larger homeless sample. A socialisation process (del Barrio & García, 2005) was hypothesised, whereby benevolence values would be more important for homeless people who had benevolent behaviours modelled by those around them. The anticipated positive association between social support and benevolence values was indeed found $\beta = .18, t = 2.80, p = .006$. Benevolence value preferences were not significantly associated with an inclination to trust others in the larger homeless sample. However benevolence values are essential for social participation (Schwartz & Bardi, 2001) and interventions focused on increasing the importance of benevolence values may help aid in integrating homeless people into the wider community.

The effect of self-mastery. Self-mastery is viewed as an outcome of adaptation and coping (Pearlin & Schooler, 1978) and is considered to reflect general wellbeing (Deci & Ryan, 2000). Consistent with previous findings (DeForge, 2008; Fitzpatrick et al., 2015; Tyler et al., 2014), a higher sense of self-mastery was expected to be associated with higher mental health, regardless of housing status. Regression with interaction showed that group

membership significantly moderated the relationship between mental health and self-mastery $\Delta R^2 = .42$, $\Delta F(5, 284) = 41.56$, $p < .001$, $b = .09$, $t(284) = 2.10$, $p = .04$. Examination of the interaction plot (Figure 6) showed that although the relationship was positive across all groups as hypothesised, the effect was strongest in the general control sample, weaker in the low SES sample and weakest in the homeless sample. As group membership was coded on the basis of relative socioeconomic status (e.g. homeless = -1, low SES = 0, general control group = +1), these findings suggest that as relative socioeconomic status decreases, the relationship between self-mastery (feeling in control of one's life) and mental health decreases.

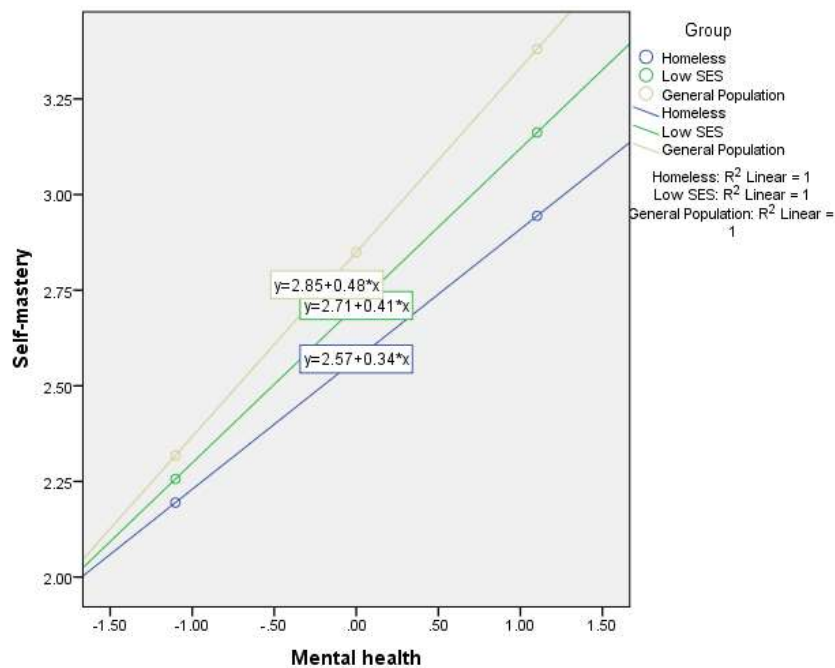


Figure 6. Interaction plot: mental health and self-mastery moderated by homeless and housed group status.

In replication of previous findings (Bovier et al, 2004), self-mastery significantly mediated the relationship between stressful life events and mental health $\beta = -.11$, 95% BCa CI [-.17, -.03]. This relationship held across

homeless and housed groups in support of the hypothesis. As self-mastery accounts for a significant amount of the variance between stressful life events and mental health, it may serve as a potential buffer from the potentially detrimental effects of life stress. By creating environments that provide an increased sense of self-mastery, one may gain resilience against the significantly high level of life stress associated with homelessness.

Following on from previous findings on depression (La Gory et al, 1990), it was hypothesised that self-mastery would be the strongest predictor of mental health for homeless people, compared with social support and stressful life events. Value congruence was additionally included as a predictor in the model to understand its relative influence. Value congruence was calculated and the centred value scores for individual homeless people's values in the larger homeless sample subtracted from the centred mean scores for the general control sample. The sum of scores of the absolute values (negative integers removed) was then calculated to understand the total difference of overall values. While value congruence was marginally positively related to mental health in a one-tail Pearson correlation $r(397) = .08, p = .058$ in support of the findings with general samples (Sagiv & Schwartz, 2000), the relationship was not significant in a regression with other mental health predictors. As hypothesised, self-mastery was the strongest predictor of mental health $\beta = .51, t(212) = 8.98, p < .001$, compared with social support $\beta = .12, t(212) = 1.90, p = .059$ and recent stressful life events $\beta = -.14, t(212) = -2.38, p = .02$; value congruence was not significant.

The effect of opportunity. As expected, perceiving greater

opportunity to achieve in the eyes of others was associated with higher self-mastery $\beta = .12$, $t(382) = 2.34$, $p = .02$ in the larger homeless sample. Participants in the larger homeless sample who perceived greater opportunity to be self-directed also reported higher levels of self-mastery $\beta = .22$, $t(387) = 4.39$, $p < .001$. This supports the hypothesis based on previous literature which found that people that felt they had greater choice in their lives reported higher levels of self-mastery (Greenwood & Manning, 2017; Manning & Greenwood, 2018; O'Connor & Fitzpatrick, 2017). It was therefore supposed that opportunity to be self-directed may mediate the relationship between higher housing status and higher levels of self-mastery, and this was indeed found $\beta = -.04$, 95% BCa CI [-.09, -.0003], providing further support to the relationship between perceived choice (make decisions about my own life) and self-mastery.

As mental health and self-mastery are related (De Forge, 2008; Fitzpatrick et al., 2015; Tyler et al, 2014), it was further hypothesised that homeless participants that felt they had more opportunities to be self-directed and achieve, would report higher levels of mental health. This hypothesis was confirmed with participants that perceived greater opportunity to be self-directed $\beta = .32$, $t(381) = 6.21$, $p < .001$ and achieve in the eyes of others $\beta = .12$, $t(381) = 2.18$, $p = .03$ both reporting significantly higher levels of mental health. These findings suggest that homeless people that perceive greater autonomy and opportunity for success have higher levels of mental health and self-mastery. While a causal relationship cannot be inferred (i.e. those with better mental health and self-mastery may be more likely to perceive opportunities for success and perceive greater autonomy), the findings

indicate potential for psychologically informed interventions. For example, providing opportunities for shelter guests to choose and plan menus, have input into decisions and volunteer, could improve shelter users' mental health and sense of personal control.

General Discussion

The aim of this study was to determine whether homeless people differed from housed groups in psychological factors that could indicate differences in expected social norms and behaviours. Comparisons were therefore made between homeless and housed groups on values and self-mastery, as they have both been found to influence behaviour (de Vries, Dijkstra & Kuhlman, 1988; Maio, 2010) and reflect social norms (Bardi & Goodwin, 2011; Sheehy-Skeffington & Rea, 2017). Broadly, it was found that homeless people have a different value profile from both the general population and low SES populations. Homeless people's sense of self-mastery was lower than both low socioeconomic status and general housed groups. These differences may subtly impede homeless people when attempting to navigate a social and economic framework that is engineered by individuals that place greater emphasis on self-enhancement values and perceive life to be more greatly under one's personal control. Additionally, homeless people reported lower self-transcendence value preferences which are essential for social functioning (Schwartz & Bardi, 2001). One may wonder whether the absence of significant differences between homeless and housed groups on benevolence values could call this finding into question;

however, universalism values and not benevolence values are correlated with readiness for outgroup social contact (Sagiv & Schwartz, 1995).

These findings may help explain the high rates of repeat homelessness (62% of presently homeless participants) in a country with a welfare system which should, in principal, be able to sustain people that want to work and remain housed. Experiencing failure to permanently exit homelessness may add to feelings of helplessness in homeless individuals. Support for this was found in recurrently homeless participants reporting significantly higher levels of depression than other homeless groups.

While not directly measured, potential indicators of learned helplessness such as lower self-mastery (Abramson et al, 1978) and lower mental health (Quinless & Nelson, 1988) were both found in the homeless group when compared with the housed groups. Lower levels of mental health were expected to be the result of dealing with the stress of homelessness experiences, rather than pathology (Baer et al., 2012), and homeless people did report higher exposure to cumulative life stressors which were significantly associated with lower mental health. Furthermore, higher conformity and tradition value preferences were found in the homeless compared with housed samples. These values indicate a willingness to subordinate oneself in favour of socially imposed expectations (Schwartz, 2012). Items related to particularly tradition values, relate to placing importance on accepting the status quo and not seeking more (Schwartz et al, 2001). For people in a position with resources that barely meet their survival needs, holding value-preferences that encourage passivity in changing their difficult circumstances, may further indicate learned helplessness (Frankel &

Snyder, 1978). The results appear to support the hypothesis that the regimented process of accessing resources in the homeless environment, as discussed in the previous chapter, could lower self-mastery and foster dependence. The association found between increased perceptions of choice (opportunity to express self-direction values) and higher levels of self-mastery supports previous findings (Greenwood & Manning, 2017; Manning & Greenwood, 2018; O'Connor & Fitzpatrick, 2017). While the learned helplessness theory neatly explains high rates of repeat homelessness, the evidence is not without conflicts. For example, homeless participants' self-direction value preferences did not significantly differ from housed groups, whereas in the context of learned helplessness one may expect these to be lower. It may be that the first person phrasing of the questionnaire items unintentionally primed these values for all participants, however their position in the value hierarchy reflects previously found pan-cultural value hierarchies (Schwartz & Bardi, 2001). Another finding that challenges the learned helplessness theory is that people who had experienced homelessness for longer periods reported significantly higher levels of self-mastery. One explanation, in the context of homeless people generally reporting lower levels of self-mastery than housed groups, is that the immediate shock and loss of control associated with initially becoming homeless lowers self-mastery by such a great degree that, even after adjusting to the new situation of homelessness, levels of self-mastery remain low. Understanding how self-mastery changes over the life course of homelessness will be examined in the next chapter of this thesis.

Consistent with previous findings (La Gory et al, 1990), self-mastery had the strongest relationship with mental health, even accounting for the significant effects of social support, recent stressful life events and social value congruence. It was also shown to buffer the effect of life stress on mental health. Self-mastery was considered a key psychological variable in addressing homelessness, as it was shown to predict better outcomes for homeless people (Slesnick et al, 2017), and the findings further support the importance of self-mastery as a variable in the context of homelessness. The only experience shown to be associated with higher reported self-mastery was volunteering. Starting new relationships was also the only life event associated with improved mental health. Service providers may therefore consider providing volunteering opportunities for group-based activities in low pressure environments. This could help participants feel empowered and may provide additional social support, thereby potentially buffering the effects of stress related to homelessness.

Many participants mentioned the detrimental impact of loneliness and social isolation as a result of their homelessness experiences, in both the previous chapter and previous research (Herrman, 2004; Riggs & Coyle, 2002). This study found that homeless people reported significantly lower perceived social support than the general housed group. It was clear that perceived support, rather than frequency of contact, was the more strongly associated variable in relation to mental health and values. This is important for consideration in terms of delivering support to homeless individuals, as it appears that merely providing resources to support homeless people without ensuring that this provision results in homeless people experiencing an

increase in support may be ineffective. It also appears that while providing instrumental support is important, when weighing the relationship of instrumental and emotional support together against mental health benefits, emotional support appears the more important. Emotional support was also significantly associated with participants having higher benevolence value preferences, which are essential for social participation. This is encouraging, as it indicates potential for group-based support programmes where homeless people could volunteer to support one another. This could remove some of the potential reluctance that may be encountered due to participant mistrust of the motivations of volunteer-led programmes. This type of programme may also increase self-mastery, improve mental health and increase benevolence and universalism value preferences aiding social reintegration.

Limitations and future directions. It should be noted when considering self-mastery that it was only the negatively phrased items that were included within the scale used for analysis. Comparisons on raw scores should not be done between the content of this thesis and scores in other published literature. When tests were conducted on the full seven-item scale (Pearlin & Schooler, 1978) on the sample in this thesis, homeless participants continued to have lower levels of self-mastery than the housed groups. By conducting measurement invariance tests and amending the scale to ensure partial invariance was met, it does provide assurance that participants understood the items being compared in the same way. The failure of the Pearlin and Schooler (1978) scale to achieve measurement invariance

suggests that this scale should be used with caution in future research with homeless participants.

Due to some participants completing the PVQ40 and others completing the PVQ21, the values scale calculation was also revised to nine values rather than the full ten values. Although tests ensured that there was not a significant difference between participants' response scores whether calculated on their original measure or the revised calculation, comparisons on raw scores should not be done between the content of this thesis and scores in other published literature.

A further limitation of this study is the potential overlap of samples used in intergroup comparisons within the larger homeless sample. Considering the likelihood that the first occasion homeless group contains homeless people that may later be recurrently homeless, the representativeness of those that are likely to only be homeless once lessens. Similarly, previously homeless participants are likely to include a fair number of potentially recurrently homeless participants. Hence, the results should be interpreted with caution. The limited findings related to the length of time an individual has been homeless, in contrast to previous literature, suggests that either limited changes occur throughout the life course of homelessness, or perhaps changes happen initially and then remain fairly fixed. The impact of homelessness on values, self-mastery, mental health and social support over time will be explored in the next chapter.

Conclusion. This chapter shows clear differences between homeless people and housed people that were largely in line with hypotheses. The

differentiation and lack of consistency between the low SES and homeless samples' values scores relative to the general control group suggests that homeless people are dealing with a set of life circumstances that are distinct from, and more complex than, poverty. This suggests that the experience of homelessness is not merely a case of low socioeconomic status, but a unique experience with unique features. The significant differences found between groups on stage-of-homelessness lends support to the assumption that these differences are the result of individuals reacting to social-environmental, rather than intrinsic, factors.

Although differences between the groups have been found; they do not provide conclusive evidence that changes in homeless people's values, mental health, self-mastery or social support have occurred as a result of their experiences of homelessness. It is also unknown whether any observed differences between homeless and housed groups, help or hinder homeless people's social integration into the wider society. The following chapter is a longitudinal study which will aim to address this limitation by exploring whether any potential changes in psychological factors affect the environmental outcomes of acquiring improved housing and employment status.

Chapter 6: Psychology and homelessness - longitudinal implications for social integration.

Introduction

The fundamental aims of this thesis were three-fold and have been addressed in each of the consecutive chapters. The first hypothesis was that homeless people would perceive changes in what was important to them (their values) as a result of their homelessness experiences and these perceived changes were communicated by homeless people during the course of the interviews in the first study. The second study in this thesis tested empirically whether the perceived changes in people's values, as a result of their homelessness experiences, would reflect in their actual value preferences. Homeless people's values did largely reflect their perceived changes to value importance as a result of their homelessness experiences but whether and how potential changes may have occurred over time was less clear. The final hypothesis of this thesis was that differences in values could indicate a potential barrier to homeless people reintegrating into society. People who experience value change in the direction of the differences found between homeless and general housed participants (i.e. reducing psychological differences) in the previous chapter are therefore expected to be more likely to attain subsequent improvements in their housing and employment status. This will be empirically tested and presented over the course of this chapter.

Additional themes beyond values emerged over the course of this thesis that suggest that values interact with other variables such as mental

health, social support and self-mastery and may form a complex dynamic that impacts people's ability to live independently once rehoused. Homelessness and homeless-related experiences may lead to a negative psychological effects (e.g. reduced mental health and self-mastery) that could foster learned helplessness and inhibit social integration. The results of the previous two studies have largely supported previous literature and the hypothesis derived with regards to anticipated relationships between values, self-mastery, social support and mental health. This study will examine the longitudinal aspects of these variables and explore whether ongoing experiences of homelessness may have a corrosive effect on mental health, social relationships and self-mastery.

While interventions were not specifically reported in the cross-sectional study, they were measured and are an area of interest in this research. It may be that some of the findings could be attributed to a participants' intervention status. The relationship between intervention status and later changes in values, social support, mental health and self-mastery will be measured. While participants were engaged in a large variety of interventions, it may prove that interventions are an inherently positive experience for people psychologically (i.e. participants in interventions hold higher mental health), gain improved social support from an additional social network and feel more in control of their lives (e.g. higher sense of self-mastery). The relationship between interventions and housing and employment outcomes will also be assessed. While there is research that looks at the impact of supported work-based interventions on people's ability to maintain employment, it predominantly focuses on those that are mentally

ill (Bond, 2004). An area that has not been examined is the influence of work-based intervention on homeless people's relative success in remaining housed. Maintaining work requires individuals to successfully integrate in a complex social environment including relationships with colleagues, supervisors, subordinates, suppliers and customers. Research has been conducted looking at the positive impact of work on the social integration of marginalised groups however the sample size for this study was very small ($n=17$) and the validity of these findings is therefore questionable (Barreira, Tepper, Gold, Holley, & Macias, 2011). By comparing intervention effects between homeless and low SES participants, one may also understand whether interventions have a similar impact regardless of a person's housing status and related challenges.

The overall aim of this research is to provide better understanding of psychological factors related to homelessness, therefore enabling service providers to potentially deliver better informed, focused and thereby more effective services.

Methodology

Participants. Participants were separated into groups according to their self-reported accommodation status at each wave. Those who responded that their accommodation status was '*Homeless (Night shelter, Hostel, Public Place)*' or '*Supported Accommodation (Long term accommodation for homeless people)*' were classified as 'homeless'; those that indicated that their accommodation status was '*Staying in your own Council Property*' were

classified as ‘low SES housed’ as they are living in means tested low-income housing (Blundell et al., 1988) and those that reported that their accommodation status was ‘*Privately rented or owned accommodation*’ were classified as ‘general housed’. People that reported that they were ‘*Staying with friends or relatives*’ or ‘*Other*’ were left as unassigned to a particular group. To ensure maximum retention of participants over the longitudinal study, those that reported that they were previously homeless but were in low SES (67% of *n*) and general population (15% of *n*) accommodation were still included in the accommodation group declared at the wave of data collection. This high level of overlap, particularly in the low SES sample, should be taken into consideration in the interpretation of the findings. The participant numbers for each of the waves and the demographics of the groups can be found in table 6.1. The number of participants that transitioned into another group between the waves is reported in table 6.2.

Table 6.1 Descriptive Statistics of Housing-Status-Group at Each Wave

<i>Group at each wave</i>		<i>n</i>	<u>Age</u>		<u>Gender</u>	
			<i>M</i>	<i>SD</i>	<i>Male</i>	<i>Female</i>
<i>Wave 1</i>	Homeless	251	35.31	13.45	198	48
	Low SES	147	37.38	12.68	80	64
	General	433	38.20	12.60	216	211
<i>Wave 2</i>	Homeless	34	36.73	13.21	26	5
	Low SES	25	39.92	13.06	17	8
	General	105	42.37	14.15	43	62
<i>Wave 3</i>	Homeless	11	41.90	17.93	9	1
	Low SES	12	38.75	10.30	8	3
	General	70	42.96	14.05	26	43
<i>Wave 4</i>	Homeless	5	37.00	14.09	4	0
	Low SES	7	38.86	9.92	6	1
	General	47	42.87	14.51	16	31

Table 6.2 Participant movement from Wave 1 Housing-Group at Subsequent Waves

Time 1 Groups	Wave 2 Group			Wave 3 Group			Wave 4 Group		
	Homeless	Low		Homeless	Low		Homeless	Low	
		SES	General		SES	General		SES	General
	n	n	n	n	n	n	n	n	n
Homeless	29	1	4	9	1	4	4	1	3
Low SES	0	21	1	0	10	2	0	5	2
General	1	1	89	2	0	59	1	1	39

Materials. Participant questionnaire completions for the cross-sectional study in the previous chapter of this thesis formed the wave 1 data for this longitudinal study. Full details of the questionnaires completed by participants can be found in the methodology chapter of this thesis. The revised and shorter questionnaire was used for all participants in waves 2, 3, and 4 in the hope of improving participant experience and thereby encouraging participants to participate in the later waves of the study. The revisions to the questionnaire included switching from the PVQ40 (Schwartz et al, 2001) which was often left incomplete to the shorter PVQ21 (Schwartz, 2003) to measure values. Participants were also asked to rate frequency of contact with significant others on a scale from ‘daily’ to ‘never’ rather than calculating a total number of hours per week. The items were reordered slightly to reduce pages in the pack as; values (PVQ21), opportunity to express values, demographics, intervention details, significant life events (modified Holmes & Rahe, 1967), mental health (HADS), social networks, social support (Power, 2003), self-mastery and details about homelessness, if applicable. The full details of the questionnaire pack are included in the methodology chapter in this thesis and appendices M and N. As participants included both British nationals and immigrants residing in the United

Kingdom, internationally validated instruments were chosen where possible. The questionnaire pack included a separate consent form that matched participant identification numbers with the corresponding number of the completed pack, examples of which can be found in appendices G and H. The questionnaire and consent form were both reviewed and approved by the Royal Holloway Ethics Committee and produced in accordance with the British Psychological Society Code of Conduct, Ethical Principles and Guidelines (2011).

The questionnaire pack was titled “What is important to you?” and the individual measures and corresponding Cronbach’s alpha reliability coefficients will now be briefly presented. More comprehensive information regarding scale selection, answering scales and coding methodologies can be found in the methodology chapter of this thesis.

Value preferences: The values measures were presented as they were in the cross-sectional study. Just over half of the wave 1 participants ($n=505$) completed the 40-item Portrait Value Questionnaire (PVQ40; Schwartz et al, 2001). Halfway through the data gathering phase, the PVQ40 was exchanged for the 21-item Portrait Value Questionnaire (PVQ21; Schwartz, 2003), to reduce participant fatigue, as participants complained about the length of the questionnaire and would sometimes leave the PVQ40 incomplete. The PVQ21 measures each of the 10 motivationally distinct types of values with two items (three for universalism). The PVQ21 version was completed by 503 participants. Although scores for values on both questionnaires are calculated on centred mean scores rather than a sum of scores, tests were conducted to

determine whether participant results would significantly differ depending on whether they completed a PVQ40 or PVQ21 measure. These examinations are fully discussed under the values measure section of the methodology chapter earlier in this thesis. The conclusion of this examination was to reduce the measure to 19 items (items 1-9 and 11 – 20 of both the PVQ21 and PVQ40 questionnaires) thereby excluding hedonism values from this enquiry. This calculation showed sound factor structure across all groups in CFA conducted using MPlus and did not produce significantly different value preference results for individuals in test-retest ANOVA for all individuals that completed the PVQ21. It also achieved partial measurement invariance between homeless, low SES and general housed participants.

Cronbach's alpha reliability coefficients for the PVQ19 scale are: power - wave 1 (.58), wave 2 (.70), wave 3 (.60); achievement - wave 1 (.70), wave 2 (.72), wave 3 (.61); stimulation – wave 1 (.64), wave 2 (.71), wave 3 (.73); self-direction - wave 1 (.51), wave 2 (.41), wave 3 (.46); universalism - wave 1 (.56), wave 2 (.48), wave 3 (.58); benevolence - wave 1 (.62), wave 2 (.68), wave 3 (.67); tradition - wave 1 (.45), wave 2 (.36), wave 3 (.45); conformity - wave 1 (.72), wave 2 (.62), wave 3 (.73) and security - wave 1 (.57), wave 2 (.57), wave 3 (.68). These levels are within the ranges found when testing the scale across several nations (Schwartz, 2005). In order to test their reliability in the overarching structure of values with more items, the higher order values (Schwartz, 2003) were tested. Cronbach's alpha reliability coefficient for the whole sample on higher order values was: self enhancement - wave 1 (.55), wave 2 (.51), wave 3 (.52); openness to change - wave 1 (.39), wave 2 (.45), wave 3 (.43); self-transcendence - wave 1 (.47),

wave 2 (.38), wave 3 (.46); conservation - wave 1 (.30), wave 2 (.28), wave 3 (.39). These results are within the range found when testing the scale across several nations (Vecchione et al., 2014).

Opportunity to express values: A measure was then included to assess the frequency with which individuals perceive that they have the opportunity to act on their values. A 10-item measure was devised, which asked participants how often they had the opportunity to express a particular value with one succinct statement per value. For example ‘help those closest to me’ represented benevolence values. Response options included a 5-point scale with options ranging from ‘always’ to ‘never’. To test the validity of the opportunity to express values scale, a Pearson Correlation was conducted to explore whether there was a relationship between participants’ opportunity to express values and their value preferences on the full wave 1 sample ($n=941$), the full results of which can be found in appendix S in the previous chapter. Opportunity to express values was significantly positively correlated with its corresponding value for all values, except for self-direction values (with a zero correlation). One may imagine that the phrasing of the opportunity to be self-directed measure may therefore not align with the value’s definition. The value is defined by Schwartz (2012, p. 5) as having the defining goal of “independent thought and action” and participants were asked to rate the frequency with which they felt they had the opportunity to ‘make decisions about my own life’. This suggests that perhaps it’s the importance of being able to act on decisions which matter for self-direction value preferences, or perhaps that this value remains important regardless of whether one perceives

the opportunity to act.

Demographic measures: A comprehensive demographic section was included that measured nationality, housing, employment and education status of participants. The demographic measures served several purposes; they enabled classification of group membership; provided a description of the sample and were used as covariates, if appropriate, in analysis. The demographic measures included age and gender, nationality and length of time in the UK if a migrant. Location of completion was measured to determine in which country participants had completed the questionnaire to ensure all completions took place within the UK. Although access to education is viewed as an indicator of SES (Galobardes, Shaw, Lawlor, Lynch & Smith, 2006), education levels were measured and reported descriptively for the groups.

Accommodation status was coded as: 1 = homeless or supported accommodation, 2 = staying in your own council property and, 3= privately rented or owned accommodation. People that reported that they were staying with friends or relatives or 'other' were left as unassigned

Employment status was coded as: 1 = unemployed, 2 = volunteering and unpaid employment, 3 = part-time paid employment and, 4 = full time paid and self-employment. Students and retirees were not assigned a value.

Participant's intervention status was coded as 0 = not in an intervention and 1 = in an intervention.

Life-event scale: A 15-item modified and condensed version of the

Social Readjustment scale (Holmes & Rahe 1967) was included to provide an indication of significant life events effect on value differences (Bardi et al, 2009) across samples. People were asked whether they have experienced stressful life events in their lifetime or in the last six months. Life events over the course of a lifetime were descriptive of the sample in that they provide an indication of current and cumulative stress. The life events that occurred in the last 6 months will work as a covariate for wellbeing and value change. Following feedback from one of the charity partners two additional items (whether someone had received a criminal conviction or been in foster or social-services care) were added to the scale.

Depression and Anxiety: The Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983) was then used to gather information about participants' psychological wellbeing without environmental confounds (Johnston et al, 2000). For example, items such as 'I can laugh and see the funny side of things' (HADS) were used to measure depression rather than items such as 'I don't sleep as well as I used to' (Beck, 1961). The cronbach's alpha reliability coefficients for the HADS scale were: depression - wave 1 (.78), wave 2 (.82), wave 3 (.82); anxiety - wave 1 (.85), wave 2 (.86), wave 3 (.84); mental health - wave 1 (.88), wave 2 (.88), wave 3 (.90). It should be noted that, although the Cronbach's alpha is high for mental health, in order to reflect the cumulative impact of depression and anxiety within the factor it is calculated as the sum, rather than the mean, of depression and anxiety scores.

Social Networks and Support: A social interaction measure was included to measure the composition and frequency of contact participants had with their social networks. Networks included: homeless friends, housed friends, family, paid and unpaid support workers and work colleagues (if applicable). A Significant Others Scale (Power, 2003) then measured the extent to which emotional support (e.g. trust, talk to frankly and share feelings with) and instrumental support (e.g. get financial and practical help) were perceived to be offered by each of these relationships. Cronbach's alpha reliability coefficients for the significant others' scale are: emotional support - wave 1 (.90), wave 2 (.84), wave 3 (.90); instrumental support - wave 1 (.89), wave 2 (.84), wave 3 (.86) and overall social support - wave 1 (.94), wave 2 (.89), wave 3 (.94).

Self-Mastery: Participants were then measured on a scale for Self-Mastery (Pearlin & Schooler, 1978). Due to the results of the between groups measurement invariance tests, discussed in the methods chapter, self-mastery was recalculated using the negatively phrased items only. Self-mastery was measured after the value questionnaires in order to avoid priming participants for potentially related values such as self-direction or power values. Cronbach's alpha reliability coefficient for the revised self-mastery scale (modified 5-item, Pearlin & Schooler 1978) was very good: wave 1 (.83), wave 2 (.85) and wave 3 (.86).

Trust: Participants were also asked if they generally trust new people they meet. They could provide binary 'yes' or 'no' responses to the question.

Additional information about homeless participants: Additional questions for people who had either experienced homelessness in their lives or were presently homeless concluded the questionnaire. Homeless status was measured by the length of time participants had been homeless, whether they had slept rough (in the street, park or other public space), whether they had experienced homelessness more than once, and the length of time since their last experience of homelessness. The variety of questions included, provided additional descriptive information about the homeless participants.

Measurement invariance. Measurement invariance testing was conducted on the first time point which revealed that participants understood the questions being asked and latent variables being measure in the same way between groups. The exception was self-mastery which therefore had the positively phrased items removed for the purposes of comparison. Measurement invariance testing was not completed on later time points as the participant numbers at a group level at each of the time points is too small. Full details of the measurement invariance testing procedures and thresholds for acceptable model fit can be found in the methodology chapter of this thesis.

Procedure. Participant recruitment began on 9 May 2013 and concluded on 27 February 2015 with participants completing up to four waves of the questionnaire. While it was planned that waves would take place at three monthly intervals, the reality of delivering such a large scale study that involved one researcher attending multiple sites across multiple recruitment

partners throughout the United Kingdom resulted in the waves overlapping across time points. The high rates of attrition, which are later reported, also resulted in recruitment for follow up waves remaining active until the data gathering phase of the study was complete. Recruitment for wave 1 commenced on 9 May 2013 and was completed on 11 June 2014, wave 2 commenced on 11 October 2013, wave 3 commenced on 9 June 2014 and wave 4 commenced on 10 November 2014. The recruitment for waves 2, 3 and 4 all concluded on 27 February 2015. Participants completed a questionnaire pack, either on paper or online, depending on whether they were recruited by personal approach or via social networking or other online media. In person as well as online recruitment enabled access to marginalised groups and ensured illiteracy or difficulty concentrating did not exclude participants from the study. Anticipation for literacy issues has been considered in the design of previous research with homeless people (Fitzpatrick, Johnsen, & White, 2011). While exact figures of literacy in the homeless population overall are not available, reports from one of the recruitment partners was that literacy levels of their service users is around 50% however only 45 participants (10% of the offline sample) were assisted by the researcher in completing the questionnaire so this high level of illiteracy may be particular to their service. When participants' were assisted with completion, a neutral tone was maintained by the researcher during questionnaire administration and the questionnaire took between 30 and 60 minutes to complete. A thoroughly detailed account of participant recruitment and questionnaire administration can be found in the methodology chapter of this thesis. Pilot testing revealed that the online

questionnaire took approximately 20 minutes to complete.

All participants that completed the questionnaire were entered into a £50 prize draw. Responses from children under the age of 16 years were excluded to ensure that consent guidelines had not been breached (British Psychological Society Research Board, 2011). Additional information about the ethical considerations and procedures undertaken in the research can be found in the 'ethical considerations' section of the methodology chapter in this thesis and appendix D. All questionnaires completed outside of the UK were also excluded, to enable comparisons of homogeneous samples, as the participants in the homeless sample were recruited exclusively from within the UK. Full details of final participant numbers can be found in Table 6.1

Offline recruitment. Recruitment of homeless and low SES individuals primarily took place in person (offline) at recruitment centres throughout the UK. A total of 438 participants were recruited offline during wave 1. The recruitment centres included Pret Foundation Trust, Shelter from the Storm, Homeless World Cup (England, Scotland and Wales), Trussell Trust Foodbanks, Department of Work and Pensions, The Stuart Low Trust, Business in the Community and St Mungo's. Full details of the recruitment approach can be found in the methodology chapter and details of the recruitment centres can be found in appendix C. All participants that were recruited offline were paid £5 for completing the questionnaire. There was no way of knowing exactly how many participants would complete the study at any given location. At some locations participation was lower because participants were going out but wanted to complete the questionnaire in their own time, or in some cases interested participants were at work. On these

occasions, stamped addressed envelopes with a copy of the questionnaire and consent form were left at the location for participants to complete at their convenience. There were 152 participants who completed and returned the questionnaire for wave 1 via the postal service, 32% of the total offline sample. All participants that were recruited offline were paid £5 for completing the questionnaire by return post.

Online recruitment. Homeless, low SES and general housed participants all responded via online recruitment. A total of 531 participants were recruited online during wave 1 including: 112 unpaid participants recruited through social media postings to the questionnaire link on Facebook, Twitter, LinkedIn and the APS Social Psychology test section and; 419 paid (£1) participants recruited through Crowdfunder (a UK access platform for Amazon MTurk). Paid online responses were rigorously checked to ensure that participants completed the open field questions in a manner that demonstrated comprehension of the questionnaire items prior to them being accepted.

Participant retention and follow up waves. The retention strategy and theoretically based design considerations are fully detailed in the methodology chapter of this thesis. Homeless and low SES groups were paid a £5 voucher at each data collection wave. Incrementally increasing prize incentives for all participants at each wave encouraged participation. The prizes were £50 at wave 1, £100 at wave 2, £150 at wave 3 and £200 at wave 4.

Participant's names, telephone numbers, email addresses and

recruitment locations were logged on a spreadsheet with the participant's IDs for tracking. In addition, whether or not the participant received assistance completing the questionnaire was also logged to ensure that follow up on email was not made to participants with potential literacy issues. Participants who required assistance completing the questionnaire were contacted by telephone and given the option to complete the follow up waves of the questionnaire over the phone or at a time and location that was convenient. Participants who provided phone numbers were called and could have the questionnaire posted to them or complete it over the phone. Those participants that elected to have the questionnaire posted to them were posted questionnaires with return-addressed envelopes with the postage paid. On receipt of a completed or partially-completed questionnaire, participants were sent a £5 gift voucher in the post. Participants who had provided email addresses were contacted and invited to participate in the subsequent waves of the study online with a voucher being posted to those who were homeless or low SES when confirmation that the questionnaire had been completed was received. People who completed the questionnaire online were also given the option of receiving an Amazon eVoucher instead of being posted a gift voucher. An attempt, via the research centres, was made to contact those who did not provide contact details but indicated that they would like to participate in future research, unfortunately several of the participants were deceased at the point of follow-up.

Design and Analysis. Participants were measured at four time points but as the retention rates were so low (20% at wave 2, 11% at wave 3 and 7%

at wave 4), the wave 4 completions were excluded from the analysis. The small sample sizes in the later waves (wave 2, $n=164$ and wave 3, $n=93$) placed serious limitations on the complexity of analysis that could credibly be conducted. While the evolution of variables over the course of time would ideally be examined in latent growth curve models, or multi-level models with time between waves operating as a covariate, there were just not sufficient participants to credibly conduct this level of analysis. While previous research has successfully conducted latent growth curve models with smaller samples, one would preferably require around 100 participants per sample group to complete a minimum of three time points to achieve satisfactory model estimation and statistical power (Curran, Obeidat & Losardo, 2010). Therefore analyses were kept as simple as possible with the minimum number of required groups and as few variables as possible to maximise statistical power. One of the fundamental aims of the research was to understand whether changes in psychological variables are associated with changes in housing and employment status. This was tested with all participants that completed the first three waves using one-tailed Pearson correlations in line with hypothesis. Repeated measures ANOVA were conducted in order to understand whether the continued experience of homelessness has an impact on variables over time.

Effects of interventions on psychological factors, housing and employment status were examined using a regression with interaction. Intervention status at wave 1 predicted variable change from wave 1 to wave 2, and group membership (homeless or low SES) was the interaction variable. Intervention status was a dichotomous variable but was dummy coded (0=not

in an intervention; 1 = in an intervention) and interpreted as a continuous variable in the model (Field, 2013). Intervention status was excluded as a variable after wave 1 as many participants reported that they were not presently in an intervention in their wave 1 completions even though they were recruited at an intervention centre. These individuals were coded as presently being in an intervention for the purposes of the analysis however it demonstrates that the question may not have been sufficiently clear and was therefore excluded from self-reports in later waves. Changes in intervention status were therefore not assessed.

Results

Attrition analysis. To examine potential bias due to attrition, participants were coded according to the number of waves they completed (1= 1 wave, 2= 2 waves, 3=3 waves, 4=4 waves). The number of waves participants completed was used as the grouping variable in a MANOVA with age, gender, mental health, social support and each of the nine values at wave 1 as the dependent variable. Examining the results of the pairwise comparisons between the first three waves; age, gender, self-mastery, mental health, social support and life stress were not significantly different between participants that remained in the study and those that left. Power, achievement, stimulation, tradition or conformity values also did not significantly differ between participants that remained in or left the study. Participants with lower security value preferences at wave 1 were significantly more likely to participate in wave 2, 95% CI [.10, .56], $p=.005$

and wave 3, 95% CI [.23, 1.00], $p=.002$. Participants that completed wave 3 of the study had significantly higher levels of self-direction values than participants that completed only wave 1 of the study 95% CI [.08, .77], $p=.015$. Participants that completed 3 waves also had significantly higher universalism value preferences than participants that completed only 1 wave 95% CI [.05, .68], $p=.02$. Participants that completed 2 waves of the study had significantly higher benevolence value preferences than participants that only completed 1 wave of the study 95% CI [.04, .46], $p=.02$. There were no other significant differences between participants that completed the first three waves.

Psychological changes that follow changes in housing and employment status. Although it has been said throughout this thesis that it is incredibly difficult to measure people prior to experiences of homelessness, analysis was conducted to see whether changes in employment and housing status from wave 1 to 2 were associated with subsequent psychological change from wave 2 to 3. Changes in employment and housing status from wave 1 to 2 did not have a significant relationship with changes in self-mastery, mental health or social support from waves 2 to 3. Changes in employment status were not significantly related to subsequent changes in values, however declines in housing status were related to subsequent increases in the importance of self-transcendence values $r(82) = -.26, p = .008$. The relationship plot between housing status change and self-transcendence value change (figure 7) shows that the findings appear to apply for both those experiencing improvements and declines in their housing

situation. Therefore those experiencing improvements in their housing status were significantly more likely to experience subsequent declines in their self-transcendence value preferences.

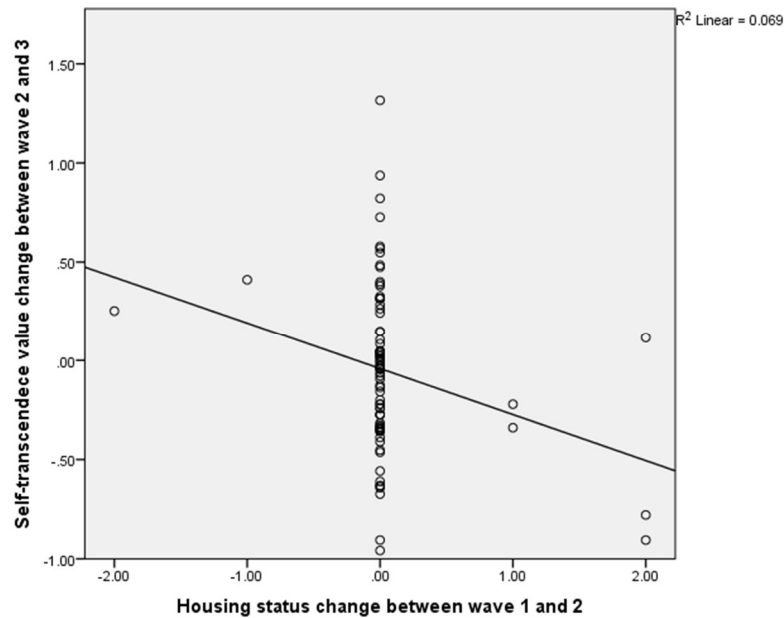


Figure 7. Relationship between housing status change and self-transcendence value change.

The impact of remaining homeless over time. In the previous chapter the only variable that was significantly associated with the length of time someone had experienced homelessness was tradition values (the longer someone had experienced homelessness the more highly they valued tradition). To determine what changes occur over time for people that remain homeless, repeated measures ANOVA were then conducted with a Greenhouse-Geisser correction examining whether there were significant changes in variables between waves one and two of the study for participants who remained homeless ($n=29$). Post hoc tests using the Bonferroni

correction were conducted to determine the direction of changes within participants between time points. While time between measures could be used as a covariate, the only significant relationship was with self-direction values $r(25) = -.41, p = .04$ and it therefore did not appear to warrant its inclusion given the limited sample size. Only relationships that were hypothesised about in the previous chapter were tested to reduce the likelihood of a type 1 error. Homeless participants did not report significant differences in their self-direction, conformity, benevolence or tradition value preferences between wave 1 and 2. Post hoc tests were conducted to determine whether there were significant differences in the four higher order values for participants who remained homeless between wave 1 and 2 and there were not. This indicates that value preferences may be relatively stable across time once someone is homeless, or that those whose value preferences do not change are more likely to remain homeless. Participants who remained homeless experienced reductions ($MD = -4.13, SD = 1.75$) in perceived social support between the first two waves $F(1, 14) = 5.61, p = .03$. In support of the findings in the previous chapter, and contrary to hypothesis, self-mastery significantly increased ($MD = .29, SD = .13$) for participants who remained homeless between wave 1 and wave 2 of the study $F(1, 22) = 4.63, p = .04$. This is particularly surprising as self-mastery is often positively associated with mental health however there was no significant difference in participants' mental health between waves 1 and 2. These findings beg the question of whether observed differences are characteristic of those that are more likely to remain homeless or whether they truly represent the effects of homelessness over time. The next section examines whether changes in

psychological factors are associated with improvements in housing status.

Changes in psychological variables predicting improvements in accommodation and employment status. Changes in psychological factors between waves 1 and 2 of the study were correlated with changes in accommodation status (e.g. moving from homelessness to housing) or employment status (e.g. changing from unemployed to employed) from wave 1 to wave 3. Participants from all groups will be included to ensure that movements between the groups are fully captured and there are sufficient participants to run the analysis across the three time points. Changes in variables were calculated by subtracting earlier wave scores from later wave scores thereby allowing for declines in scores over time to hold a negative integer.

It was hypothesised that changes in values that align more closely with those of the general housed group in the previous chapter would result in better housing and employment outcomes for people. One-tailed Pearson correlations showed that participants who experienced an increase in importance of self-enhancement values $r(79) = .19, p = .05$ and a decrease in the importance of conservation values $r(79) = -.21, p = .03$ from wave 1 to wave 2 experienced a significant improvement in employment status (e.g. moving from unemployment to full-time employment) but not accommodation status from wave 1 to wave 3. A decrease in importance of openness-to-change values $r(83) = -.29, p = .004$ and an increase of importance in self-transcendence values $r(83) = .26, p = .009$ was significantly associated with improvements in accommodation status but not

employment status from wave 1 to wave 3. The relationship plot between openness-to-change value change and accommodation status change can be found in figure 8.

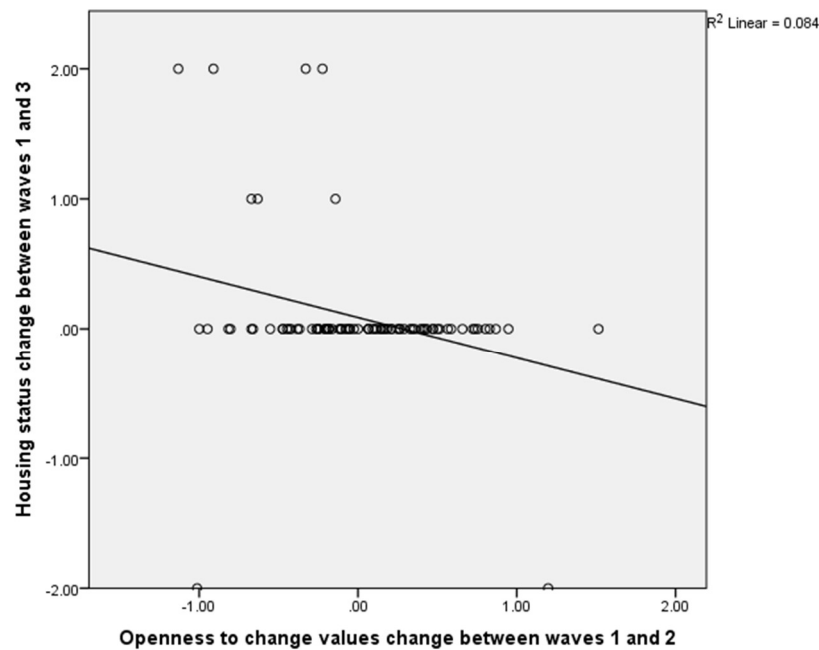


Figure 8. Relationship between openness-to-change value change and housing status change.

Further an increase in self-mastery from wave 1 to 2 was significantly associated with improvements in accommodation status $r(85) = .21, p = .03$ but not employment status from wave 1 to wave 3. Participants that experienced a decrease in mental health from wave 1 to wave 2 experienced a significant improvement in employment status $r(89) = -.21, p = .03$ from wave 1 to wave 3, this relationship was not present accommodation status. Post-hoc analysis showed that the relationship held for both depression $r(89) = .21, p = .02$ and anxiety $r(89) = .19, p = .04$. Social support did not appear to have a relationship with either housing or employment status.

One may challenge these findings as there is a period of overlap between waves 1 and 2 and waves 1 and 3. To determine whether these are changes that are occurring in conjunction with, rather than subsequent to, changes in psychological factors, follow-up analyses were run examining whether changes in values from waves 1 to 2 were associated with subsequent changes in housing and employment status from waves 2 to 3. An increase in self-enhancement values at wave 1 to wave 2 was significantly associated with an improvement in employment status from wave 2 to wave 3, $r(82) = .19, p = .04$. The direction of the conservation values relationship with employment change is the same however it is no longer significant in these analyses. The relationships between openness to change and self-transcendence with housing status change also maintain their relationship direction but are no longer significant.

Social support change from wave 1 to 2 was not significantly associated with changes in housing and employment status from wave 2 to wave 3. One may have expected that changes in mental health would be the product of, rather than precursor to, changes in employment and housing status however participants that experienced increases in depression $r(81) = .32, p = .002$ and anxiety $r(81) = .29, p = .004$ and thereby reduced mental health $r(81) = -.30, p = .003$ between waves 1 and 2 were more likely to improve their employment status between waves 2 and 3. The relationship plot between the mental health change and employment status change can be found in figure 9.

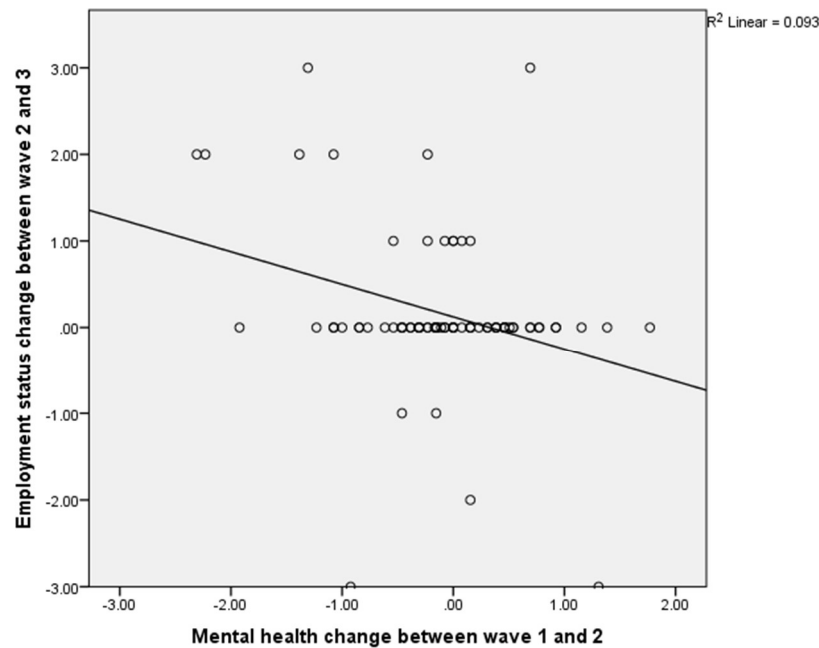


Figure 9. Relationship between mental health change and employment status change.

It was thought that perhaps as people with poor employment circumstances increased their importance of self-enhancement values, they would experience a simultaneous decrease in mental health as cognitive dissonance occurred between expectation and reality which ultimately would perhaps galvanise them into finding improved employment prospects. However changes in self-enhancement values and changes in mental health between waves 1 and 2 were not significantly correlated both when looking at the total population and just the homeless population. There was no relationship between self-mastery and employment status. Mental health and self-mastery change between waves 1 and 2 were significantly positively correlated as one might expect $r(177) = .41, p < .001$. The relationship between mental health and housing status was more in line with what one may expect; people experiencing an improvement in their mental health $r(87) = .27, p = .006$ and lower depression $r(87) = -.28, p = .003$ and anxiety $r(87)$

=-.26, $p = .008$ between waves 1 and 2 being more likely to experience improvements in their housing status between wave 2 and 3. Examination of the relationship plot (figure 10) shows that this relationship applied to those who experienced both increases and decreases in mental health.

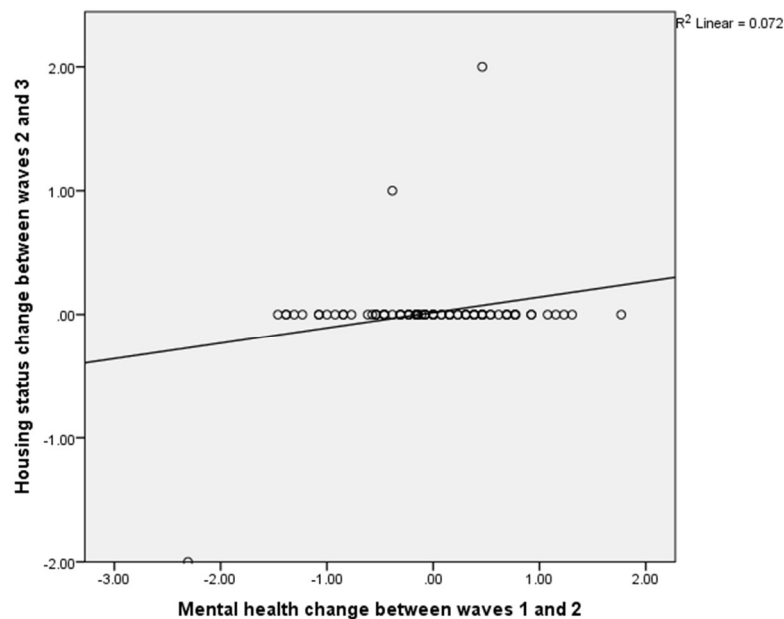


Figure 10. Relationship between mental health change and housing status change

Self-mastery showed results in line with hypotheses in that participants that experienced increases in self-mastery between wave 1 and 2 were significantly more likely to experience subsequent improvements in their housing status $r(86) = .20, p = .03$ in wave 2 and 3. A striking finding in the relationships between the variables is that accommodation and employment operate fairly independently from one another, this led to a correlation being conducted between accommodation status change and employment status change between wave 1 and wave 2 and they were not significantly related.

Intervention effects on psychological factors, comparisons between the homeless and low SES samples. Regressions models were run to test whether intervention status at wave 1 has an effect on changes in values, social support, mental health and self-mastery from wave 1 to wave 2. Whether participants are in the homeless or low SES group at wave 1 were used as an interaction variable in the regression to determine whether groups respond differently to interventions depending on housing status. At wave 1 of data collection, 150 homeless participants said they were in an intervention and 94 said that they were not, 82 of the low SES participants said they were participating in an intervention and 62 said that they were not. Participating in an intervention did not have a significant relationship with changes in self-mastery, social support, mental health, conservation values, self-transcendence values, openness to change values or self-enhancement values between waves 1 and 2. Group status did not moderate any of the relationships. Intervention status at wave 1 also did not have a significant relationship with changes in employment status or housing status from wave 1 to wave 2. Intervention status did not have a significant relationship with housing or employment status changes between waves 1 and 2.

Discussion

To further explore the themes of the previous two chapters, this chapter examined the values, self-mastery, mental health and social support of the homeless community over time. The context of time will frame the

discussion as we consider how experiencing homelessness, remaining homeless and exiting homelessness may relate to a person's psychological state. While methodological limitations, which will later be discussed, likely resulted in the null findings regarding the impact of interventions in this study, there is evidence in the literature that interventions can have an impact on psychological measures in homeless participants (de Vet et al., 2017; Krabbenborg et al., 2017; Sherry & Strybosch, 2012). Support and intervention suggestions will therefore be broadly discussed in the context of findings.

The potential psychological impact of changes in housing status.

A primary hypothesis in this thesis was that people would experience psychological changes as a result of their homelessness experiences and this appears to be the case. In support of homeless people's reports in the interview study who said that they reappraised their circumstances and self-enhancement values became less important while self-transcendence values (universalism in particular) became more important, self-transcendence values were shown to increase following declines in people's housing status. In the cross-sectional study of the previous chapter, homeless participants were found to have significantly lower self-transcendence values than the general housed sample. These findings therefore indicate that homeless participants may have particularly low self-transcendence value preferences in advance of their homelessness experiences. This conclusion is further supported by previous research (Rea, 2012) which found that although participants perceived increases in universalism values as a result of their

homelessness experiences, they still held significantly lower universalism value preferences than a housed cohort. As self-transcendence values are associated with social integration (Schwartz & Bardi, 2001); it may be that lower self-transcendence values are related to the relationship breakdown that was found to be the common antecedent to people experiencing homelessness in the interview studies. Previous research found that increased childhood adverse life experiences have been associated with lower feelings of community connectedness and integration (Fitzpatrick, 2017) and that social support could provide a protective effect for those facing homelessness (Bramley & Fitzpatrick, 2018; Fothergill, Doherty, Robertson, & Ensminger, 2012). Findings in the previous chapter also showed that perceiving less support from family members was significantly associated with lower benevolence value preferences and less disposition to trust others when controlling for age and gender effects for homeless participants. It therefore appears that breakdowns in people's support relationships may lower people's self-transcendence value preferences in advance of them becoming homeless.

It is important to recognise that the relationship between housing status change and self-transcendence values is correlational and the results could equally indicate that those who leave homelessness experiencing a decrease in the importance of self-transcendence values. The potential decrease in self-transcendence values as one exits homelessness may be associated with people's reports of feeling isolated as a result of leaving the busy environment of the homeless shelter and moving into independent housing as reported in the interview study. While this sense of isolation is

not directly present in the literature as a reason for people returning to homelessness, it was anecdotally reported to the researcher as the reason for someone returning to homelessness on a return visit to one of the recruitment centres. Social isolation tends to be an outcome more likely faced by people who have experienced longer durations of homelessness (Tsai, Mares, & Rosenheck, 2012) when they're rehoused. The importance of support during the transition out of homelessness was highlighted by numerous participants during the interview study and in the literature (Webb & Gazso, 2017). It therefore seems that supporting those transitioning out of homelessness with opportunities to socialise may be an important buffer from isolation, particularly for those who have experienced longer periods of homelessness in advance of being rehoused. Furthermore, the fact that those with higher levels of self-transcendence values at the baseline measure were more likely to participate in follow up waves of the study makes the finding that these value priorities decline as a result of improvements in housing status that much more striking.

The potential impact of remaining homeless. There were several hypotheses made with regards to the impact of remaining homeless on a person's state of mind, primarily that people would develop a sense of learned helplessness that may inhibit their ability to successfully remain housed. The learned helplessness theory, if supported, would add to our understanding about the high rates of recurrent homelessness (62% of the homeless participants in wave 1) in a country with a welfare system which should, in principal, be able to sustain people that want to work and remain housed. The

previous chapter found support for this theory in higher conformity and tradition values, as well as lower self-direction values and self-mastery in the homeless group. The impact of time on these variables is less clear. With the limited number of participants remaining homeless between the waves, it was challenging to really determine the impact of remaining homeless on an individual's psyche as this would ideally have been measured using latent growth curve models to track participant changes over time and identify markers of potential change. Analysis showed that participants who remained homeless reported increased self-mastery between waves one and two of the study which appears to support the finding in the previous chapter that the longer someone has been homeless the higher their reported levels of self-mastery are. If homeless people do increase in their sense of self-mastery over time, this may indicate that as someone experiencing homelessness becomes increasingly familiar with the circumstances of homelessness and support service provision, they gain an increased sense of personal control. This relates to comments made in the interview study, where participants said that they were not afraid to return to homelessness as they had been homeless before.

It is surprising that increases in self-mastery between waves for those who remained homeless was not linked to increases in mental health even though they were highly associated in both the previous chapter and previous research (Krabbenborg et al, 2017). This may be explained by the finding that perceived social support, another highly correlated variable of mental health (Fitzpatrick, 2017b; Toro & Oko-Riebau, 2015; Van Straaten et al., 2018; Walter et al, 2016; Wright et al, 2017), declined over time for people

who remained homeless . One may think this could be explained by those who are in an intervention perhaps having higher levels of social support and exiting homelessness and housing, thereby being excluded from the homeless sample at wave 2. Unfortunately being in an intervention did not have a significant relationship with gains in housing or employment status. One may therefore wonder whether it could be that those people with higher levels of social support are less likely to remain homeless however social support change was not significantly related to changes in housing and employment in either separate or overlapping predictive waves of collection. In fact, social support was also not significantly associated with attrition in the study either. The fact that these alternative explanations are not statistically valid suggests that the effects of ongoing homelessness results in decreased perceptions of social support for homeless people, regardless of their intervention status or their baseline level of social support. It appears that people become more isolated from their support networks if they remain homeless. This supports findings from the interview study, cross-sectional study and previous research (Teo & Chiu, 2016) which characterises the experience of homeless as lacking in social support. While this suggests that homeless people may benefit from social support during their experiences of homelessness, increasing social support may not have a direct impact on homeless people's sense of self-mastery.

While the findings do not clearly support the theory that experiencing homelessness has an ongoing and corrosive impact on independence and autonomy, previous research has found that providing autonomy and resources to homeless people results in better outcomes than efforts aimed at

helping homeless people overcome ‘deficits’ (Shinn, 2016). The differences in values and self-mastery found in the previous study do suggest that it may be remiss to completely dismiss the learned helplessness theory on the basis of these findings. It should be noted that a limitation with the analyses used to understand the impact of homelessness over time is that the length of time a person was homeless prior to participating in the first wave of the study is not accounted for. The limited relationships found between the length of time a person had been homeless and other variables in the cross-sectional study however suggests that the inclusion of this data is unlikely to alter the findings. The psychological impact of remaining homeless over time is certainly an area that could benefit from further empirical enquiry.

The potential impact of psychological changes on housing and employment outcomes. It was hypothesised that potential psychological differences between homeless and housed groups may form a barrier to homeless people re-entering housing or permanent employment. It therefore follows that people in a socioeconomically disadvantaged position (e.g. homeless people) whose values align more closely with those with social power (e.g. the general housed sample), would gain improvements in housing and employment status.

While examining relationships between consecutive waves of data provides greater confidence in inferring causal relationships between the variables, there is a limitation to this methodology. By assessing completely separate changes in wave collections, a change that may have happened fairly early within the gap between wave completions may also reflect subsequent

changes within the same period. For example, if changes in one variable have happened fairly quickly following changes in another variable, examining consecutive rather than partially concurrent (e.g. changes in values between waves 1 and 2 predicting changes in housing status between waves 1 and 3) waves may not capture successive changes that occurred within the same period thereby increasing the risk of type 2 error. Both analyses were conducted and will now be discussed.

When looking at partially concurrent, rather than completely consecutive, wave changes the results aligned more closely with what was hypothesised. In both examinations people who experienced an increase in the importance of self-enhancement values experienced subsequent and concurrent improvements in employment. Self-enhancement values were significantly lower in importance for the homeless samples compared with the general housed sample in the cross-sectional study. Self-enhancement values are related to social esteem (Schwartz, 2012), therefore placing greater importance on those values may motivate a person to attain higher paid or more permanent work. In line with the hypothesis, those who experienced increases in the importance of self-enhancement values experienced subsequent gains in employment status. The motivation to work (e.g. acquire resources, status, make decisions or spend time with others) largely determines which values they relate to. The relationship between self-enhancement values and work related values regarding autonomy and status acquisition has been previously found (Ros, Schwartz & Surkiss, 1999) which suggests that by increasing the desire for autonomy and status, one might increase a person's self-enhancement value preferences and thereby motivate

a person into finding better paid employment prospects.

Employment gains were also associated with partially-concurrent decreases in importance of conservation values (the relationship failed to reach significance in the consecutive analysis). These value-changes further align with the differences found between the homeless and general housed groups in the previous chapter, supporting the hypothesis that those who align their values more closely with those with social power are likely to secure better outcomes for themselves. The changes in self-enhancement and conservation values reflect relationships related to prestige (making decisions and attaining social status), rather than social (contributing and connecting with people), work values (Ros et al, 1999) which suggests that these value changes motivate people into employment on the basis of attaining prestige.

Declines in mental health were also significantly associated with subsequent gains in employment status which is surprising as mental health issues are often a precursor to prolonged periods of absence from work and difficulty in maintaining unemployment (Harvey, Henderson, Lelliott & Hotopf, 2009; Sainsbury et al, 2008). One might imagine that this could be explained by the presence of outliers however the removal of outliers would only serve to strengthen this finding. It should be noted that no previous research was found empirically testing the relationship between changes in mental health outcomes and employment status for homeless participants although one qualitative study did look at the relationship of these variables in previously homeless participants (Poremski, Woodhall-Melnik, Lemieux & Stergiopoulos, 2015). The study found that gaining employment was not a universally positive experience however this relationship does not explain

the finding that declines in mental health predict subsequent improvements in employment status. Information on a number of charities websites directly attribute poor mental health as a reason why homeless people cannot maintain work (e.g. Mind, 2017). The absence of empirical evidence highlights that research needs to be conducted directly with vulnerable samples to ensure that the knowledge being applied is relevant in their circumstances. One possible explanation for the link between declines in mental health predicting later employment gains is that increased dissatisfaction with a one's life would reflect in lower mental health as they are shown to be reciprocally related (Fergusson et al, 2015). This dissatisfaction may galvanise people to change their circumstances by finding improved employment. It is important to remember that this finding is correlational and could be interpreted in both directions however the relationship plot showed more people who have experienced declines, rather than increases, in mental health and therefore this finding most likely applies to them.

In the partially concurrent analysis employment gains were again associated with increases in self-mastery as well as declines in mental health. Although the findings with self-mastery supports the hypothesis that those who have greater psychological alignment with those in power are likely to have better outcomes, it is surprising that self-mastery and mental health appear to have opposite relationships with employment gains as they are usually highly positively associated (DeForge, 2008; Fitzpatrick et al., 2015; Tyler et al., 2014). It should be noted that as these items overlap and the causal relationship becomes more blurred, it could also be interpreted that those who gain employment experience reductions in their conservation values and

increases in their levels of self-mastery. Perhaps reflecting a renewed sense of control over their lives that comes with increased resources (i.e. salary) and a subsequent reduction of compensation effects.

One may have expected that housing and employment status would have been positively correlated however they were not significantly associated to one another. This is perhaps unsurprising in light of a recent finding that 55% of homeless families in the UK are in employment (Shelter, 2018b). While this no doubt raises questions over policy and economics that result in working families having to live in temporary accommodation, this is an increase of 73% since 2013 (when this data was gathered). In addition to economic factors, housing status change and employment status are related to a completely separate set of values which suggests that support interventions may consider flexing their structure to ensure that they are psychologically fit for purpose.

In examinations of partially concurrent value change, a decrease in the importance of openness-to-change values and an increase of importance in self-transcendence values was significantly associated with improvements in housing status. These value changes again reflect hypotheses and observed differences between homeless and housed participants in the previous chapter. What should further be noted was that those experiencing declines in housing status experienced subsequent increases in self-transcendence values. Self-transcendence values are essential for social functioning (Schwartz & Bardi, 2001) and these findings fit with the interpretation that participants with lower self-transcendence values may be more likely to become homeless and those that experience increases in their self-

transcendence values are more likely to exit homelessness. While there are not enough time points or participants to conclusively make this assertion, it is certainly a promising area for future enquiry.

Openness-to change values are comprised of both self-direction and stimulation values (Schwartz, 1992). Shelters are busy environments, there is constant activity and social interaction available for people that would like it. It may be that people desiring a quieter time (less stimulation) and more willing to follow the direction of others in attaining their goals through the social services system (less self-direction) are more likely to experience gains in housing. As these results are correlational it could stand that those experiencing increases in openness to change values are more likely to experience declines in housing however examination of the relationship plot shows that these results are more representative of those experiencing declines in openness to change values. As there is an element of concurrence in the findings, it may also be that, similar to conservation values, having become housed these values do not operate in the deficit way that was described in the previous chapter and therefore the importance of them declines as compensation effects ease.

Self-transcendence and openness-to-change are values relating to growth and freeing oneself of anxiety whereas conservation and self-enhancement are values related to self-protection and anxiety avoidance (Schwartz et al, 2012). It appears that changes in values related to growth and freeing oneself of anxiety are related to improvements in housing status whereas changes in values related to self-protection and anxiety avoidance are related to changes in employment status. The dynamic between anxiety

based values and changes in housing and employment status may explain the differences in relationships found between mental health and changes to housing and employment status. Supporting the hypothesis that people with reduced social capital that experience psychological alignment with those with higher social capital experience better outcomes, improvements in mental health were associated with subsequent and partially concurrent improvements in housing status. Additionally, participants that experienced an increased sense of self-mastery were also more likely to experience subsequent and partially-concurrent improvements in housing status. These results reflect the relationship found between mental health and self-mastery in the previous chapter and the literature (DeForge, 2008; Fitzpatrick et al., 2015; Tyler et al., 2014). These findings further suggest that by supporting the mental health of homeless people, one may provide them with the psychological resources needed to transition back into housing.

The results also support previous research which found that homeless people with higher self-mastery were more likely to exit homelessness (Slesnick, Zhang, & Brakenhoff, 2017). Opportunity for choice and self-mastery are positively related (Greenwood & Manning, 2017; Manning & Greenwood, 2018; O'Connor & Fitzpatrick, 2017) and therefore interventions that provide homeless people with opportunities for choice may provide resultant increases in self-mastery and improved housing outcomes. The differences observed between the consecutive and partially concurrent results suggest that rather than values clearly predicting subsequent life changes or vice versa, that these changes may happen in unison or much more rapidly than one might expect.

Limitations and future directions. There were a number of limitations in this study which have already been mentioned throughout this chapter. The greatest limitation being the incredibly high rate of attrition, particularly of homeless people, throughout the waves of the study. While every attempt was made to maintain contact with participants it appears that one oversight was the ability for one researcher to maintain contact with such a large number of participants. Future endeavours would certainly benefit from a more intensive face to face approach with longitudinal efforts being limited to perhaps 100 participants per researcher. A larger nationally distributed team would enable more face to face contacts across numerous recruitment sites. This would also address another limitation of the study, which is the large time that data gathering continued throughout each wave and the overlap of waves which resulted in greater potential for societal and policy-related factors to confound the results. A longitudinal psychological study of this magnitude had never before been conducted with homeless people in the United Kingdom prior to it commencing and therefore these are learning points that became evident with the benefit of hindsight.

The limited number of participants meant that the complexity of analysis run was way below what was planned for the thesis. While the capacity and appetite to execute the analysis was there, ultimately it was decided to maintain statistical integrity in the interest of avoiding potential type 1 errors. Analysis were therefore hypothesis focused and the findings are encouraging as they largely disproved the null hypothesis and show that values and self-mastery are promising avenues of potential for future research

with homeless participants. It should however be noted that there were a fairly large number of analysis conducted in a relatively small sample thereby increasing the risk of type 1 errors. Similarly, absences of statistically significant relationships between variables (e.g. housing and employment status) is one that could be examined in greater detail in future research as there may be insufficient data points to achieve a statistically significant result, thereby increasing the risk of type 2 errors. The results are however encouraging and indicate that psychological changes may both the result of experiencing, and a precursor to exiting, homelessness.

Provided sufficient participants could be found further analysis may untangle some of the relationships from the previous chapter which were not possible with the number of participants. For example, one might test whether changes in variables between wave 1 and 2, predicted changes in other variables between waves 2 and 3 (such as increases in self-mastery predicting later increases in self-direction value preferences) with housing status operating as an interaction variable. Findings in the previous chapter indicated that homeless and housed groups may differ in some relationships but not all. A recent review (Sheehy-Skeffington & Rea, 2017) found that socioeconomic status was associated with psychological differences on a wide range of psychological factors. One may therefore not assume that existing psychological principals are universal and apply consistently across all populations and this is a promising line for future enquiry.

The absence of significant relationships in the intervention analysis was likely due to the variety of different interventions that participants were recruited from potentially interfering with the consistency of the independent

variable, and the large proportion of previously homeless participants in the low socioeconomic status group potentially limiting the differentiating ability of the grouping variable. Future research on interventions with homeless people may consider addressing these limitations in the research design and participant sampling. The wider findings do however indicate potential avenues for interventions such as providing homeless people with opportunities to volunteer (potentially increasing self-transcendence values) and make choices for themselves (potentially increasing self-mastery). A recommended approach for future intervention design is therefore participatory action research (Lewin, 1946) which would engage participants in the homeless community throughout the research process. Creating an environment where homeless people have the opportunity to take action, make decisions and help others may provide dual benefits; first to those participating in the design and delivery of the intervention through the engaged process of the research itself, and second to those who are benefiting from engaging with an intervention whose design and delivery has been fully informed by those with first-hand experiences of homelessness.

Conclusion. The evidence in this study further supports the findings of those in the previous chapters which suggest that experiences of homelessness impact people's psychological state and that changes in people's psychological state may help facilitate a successful exit from homelessness and gains in employment status. The findings also support reports that homeless people are particularly vulnerable to the potential negative effects of social isolation and one may therefore assume that

interventions that provide social support to those transitioning back into housing may help prevent people returning to homelessness.

Chapter 7: General Discussion

This thesis aimed to identify the presence of psychological changes in the context of homelessness and, if indicated, whether related changes were associated with an exit from homelessness. A mixed-method approach was chosen as the basis for balanced and participant-informed empirical enquiry. First, an interview study was conducted to inform the quantitative measurement selection, formulate hypotheses and provide context for interpretation of quantitative findings. During the interviews twenty homeless people were asked about what became more, or less, important to them throughout their experiences of homelessness. The interviews suggested that participants perceived changes in their values related to homelessness experiences with additional themes of self-mastery, mental health and social support emerging. A subsequent cross-sectional questionnaire study identified observable differences between homeless and housed groups on measures of values, self-mastery, mental health and social support. Relative socioeconomic status also significantly moderated the relationship between mental health and self-mastery. Comparisons showed that values and mental health differences were also present within the 431-person homeless sample depending on whether participants were homeless for the first time, recurrently homeless or previously homeless. The research culminated in a longitudinal study which found that quantitative psychological changes were associated with becoming homeless, remaining homeless or leaving homelessness. The findings that homeless people quantifiably differ from housed groups in terms of their value preferences and sense of self-mastery,

and that related changes in these factors over time are associated with improvements in both housing and employment outcomes for people, addressed the aims of this study and suggest exciting potential for psychologically informed interventions to support homeless people back into housing. The findings also address a gap in the literature, as quantitative control-based studies comparing homeless and housed participants on psychological measures are rare. The integrated findings of the three studies will now be discussed in the context of the existing literature.

Values

Values both influence behaviour (Maio, 2010) and reflect social norms (Bardi & Goodwin, 2011) and the way homeless people's value priorities differ from housed people may make it more challenging for homeless people to exit homelessness: The cross-sectional study identified that homeless people held significantly different value preferences from the general housed group and when homeless people's values changed in the direction that would make them more similar to housed people in the longitudinal study, they experienced improvement both in terms of their housing and their employment status. Specifically, homeless people were found to hold lower self-enhancement and higher conservation value preferences than housed groups in the cross-sectional study. These differences reflect interview participants' perceptions of changes in values-related priorities after initially experiencing homelessness. While these findings are similar to those found in previous research conducted with participants in the context of stress, such as migrants (Lönnqvist et al, 2011)

and those experiencing situations of increased personal or national threat (Goodwin & Gaines, 2009; Lönnqvist et al, 2011; Verkasalo et al., 2006), they are the first to indicate these values as potentially changing in the context of homelessness. Furthermore, participants in the longitudinal study who experienced increases in self-enhancement values and declines in conservation values were more likely to experience improvements in their employment status. These findings suggest that when values of low status groups align more closely with those of high status groups, people of low status are more likely to experience advantageous outcomes. This finding has potential for application outside of the context of homelessness. For example, organisational psychologists have found that value-congruence between employees and organisations can have an impact on turnover and organisational commitment (reviewed in Chiang & Birtch, 2010); which are decisions taken by the relatively low-status group. These findings suggest that value-alignment may also potentially affect promotion and remuneration practices; which are decisions taken by the higher status group.

Self-transcendence values appear to be particularly relevant in the contexts of housing and homelessness. This is perhaps unsurprising as they relate to social participation (Schwartz & Bardi, 2001). In the interviews, participants said that equality, and caring for others in a similar situation, became more important to them as a result of their homelessness experiences. These findings were also reflected in the longitudinal study, which found that people who experienced declines in their housing status reported subsequent increases in their self-transcendence values. It may be that the context of homelessness triggers compensation effects (Schwartz & Bardi, 1997) for

self-transcendence values. For example, the increased salience of inequality when one becomes homeless may prime self-transcendence values thereby increasing their importance (Bardi & Goodwin, 2011; Schwartz & Bardi, 1997).

Despite potential increases in self-transcendence values, these values were found to be significantly lower in the homeless sample compared with housed samples. The values also did not change between time points for participants who remained homeless, which suggests that changes may occur around the event of housing status change and then remain fairly stable. Previous longitudinal research with homeless samples (Helfrich & Chan, 2013) also found that values did not change over the measured six-month period that people remained homeless. What they did find was that values-statements that could map to self-transcendence values were consistently rated the least important to homeless people. This is in contrast to findings in this thesis that, in line with housed samples, self-transcendence values were the most important values to homeless people alongside self-direction values. It is however difficult to compare the evidence directly between the two studies, as a different values measure (Baron et al, 2002) was used. Increases in the importance of self-transcendence values were also associated with people experiencing improvements in their housing status. This finding offers further support to the hypothesis that value differences may present an additional barrier for homeless people securing sustained housing.

The evidence indicates that people may enter into homelessness with particularly low priority self-transcendence values. Support for this can be found in the relationship between values and social support, with those

experiencing lower perceived social support reporting lower self-transcendence value preferences. Breakdown of social support networks was the universal antecedent to homelessness for all but one of the interviewees and these stressful experiences may have had a corrosive impact on a person's self-transcendence values in advance of becoming homeless.

What is encouraging is that the evidence suggests that experiencing homelessness can result in increases in self-transcendence values. It also shows that self-transcendence values can further increase when a person is homeless and this can improve people's housing status. What is perhaps concerning is the finding that once people have experienced housing improvements their self-transcendence values decrease. As these values relate to social support and contribute to social participation (Sagiv & Schwartz, 1995; Schwartz & Bardi, 2001), this supports evidence that leaving the busy shelter environment and moving into individual accommodation can be an isolating experience (Slesnick et al, 2017) and potentially encourages a return to homelessness. These findings highlight a potentially crucial intervention point in curbing a return to homelessness. By providing social support to individuals who have been rehoused through community engagement and integration events (such as community garden projects and other volunteer-based projects that involve helping others), previously homeless people may more successfully sustain their increased self-transcendence value priorities (Hitlin, 2003) and their housing.

The final set of values measured were openness to change values, comprising of stimulation values and self-direction values. Previous research has found that these values were not communicated in the tweets of

homelessness support organisations (Koepfler, 2015) but were the most communicated values by both homeless and housed comparison groups. No hypotheses were formulated about stimulation values, as themes related to these values did not clearly emerge in the interview study. Themes related to self-direction values did feature, and the results related to these values have perhaps been the most surprising. The processes of acclimatisation and compensation reflect adaptive change in value preferences in reaction to life circumstances (Schwartz & Bardi, 1997). The findings with regard to self-direction values however hint at the potential for maladaptive values in homelessness. Organisational psychologists have found that self-direction orientations increase in importance over time in people with self-directed occupational conditions (Schooler, Mulatu & Oates, 2004). Self-direction values were the only values that had no relationship to the opportunity to express them. Looking more broadly at the data, despite homeless participants perceiving fewer opportunities to express these values, they were among the highest priority values for homeless people. Other research has found that looking after oneself is primarily important to homeless people (Dashora, 2016; Helfrich & Chan, 2013); however, this was conveyed as caring for one's health and hygiene in the interview study. These feelings were therefore interpreted as communicating personal security rather than self-direction. It may however be that once the needs for food and shelter are met, the desire for self-actualisation once again becomes paramount (Maslow, 1973). Indeed, parallels have previously been drawn between self-actualisation and self-direction values (Bardi & Schwartz, 2013). Examining the relationship

between these variables in low-autonomy institutional contexts could be an interesting area of future empirical enquiry.

The high priority that homeless people place on self-direction values casts doubt on the learned helplessness theory presented at the outset of this thesis. The detrimental impact of imposed routines by support services reported in the interview study and in previous research (Meanwell, 2013) was however quantitatively supported by the associations found between lower opportunity to express self-direction and lower self-mastery and mental health. It may be that having one's value priorities frustrated creates stress which in turn lowers mental health. One might expect that self-mastery and self-direction value changes would operate harmoniously but –paradoxically – declines in the importance of openness to change values and increases in the importance of self-mastery were associated with subsequent improvements in housing status. Perhaps subverting one's desire for autonomy paradoxically increases a sense of mastery in an environment that discourages personal choice and action. Broadening the focus to account for the apparently simultaneous increases in the motivationally opposed self-transcendence values, perhaps homeless people may more easily forge the necessary relationships with support workers to facilitate an exit from homelessness by shifting their focus from self (self-direction) to other (self-transcendence). This supposed dynamic is purely speculative, and there were not enough participants in the longitudinal study to empirically test more complex relationships between the variables. Understanding the dynamic between self-mastery, openness to change and self-transcendence values could be an interesting avenue for future empirical enquiry.

Self-mastery

This thesis empirically tested differences in self-mastery between homeless and housed groups and quantitatively demonstrated that homeless people have a lower sense of self-mastery than both general population and low-income comparison samples. Lower self-mastery reflects ineffective coping with life-stress (Pearlin & Schooler, 1978), and may therefore be accounted for by an overload of stressors prior to or during homelessness.

Previous findings that the strongest predictor of mental health in homeless samples is self-mastery, as compared with stress and social support (La Gory et al, 1990), were successfully replicated. Further support was also found for the established positive relationship between self-mastery and mental health (DeForge, 2008; Fitzpatrick et al., 2015; Tyler, Kort-Butler, & Swendener, 2014). The novel contribution of this research is that as socioeconomic status decreases, the relationship between self-mastery and mental health significantly weakens. Living within a more restricted environment may cause stress that then affects the relationship between self-mastery and mental health. It may be that holding high levels of self-mastery in contexts where actual control of your life circumstances is reduced is maladaptive. Indeed, difficulty following shelter rules has been found to be associated with higher levels of depression in homeless samples (Beharie et al, 2017). This could explain the finding that both increases in self-mastery and decreases in mental health are associated with improved employment outcomes for people in the longitudinal study.

As one considers that increases in self-mastery have consistently been shown to predict a transition out of homelessness (Slesnick et al, 2017), the need to understand the best ways to support increases in self-mastery in homeless participants appears to be a key point of intervention focus. Studies have consistently found that higher perceived choice is associated with higher levels of self-mastery in homeless samples (Greenwood & Manning, 2017; Manning & Greenwood, 2018; O'Connor & Fitzpatrick, 2017) and this research also found that perceiving greater opportunity to be self-directed was associated with higher levels of self-mastery. Frustrations raised within the interview study regarding the regimented structures in place at homelessness service providers was not unique (Meanwell, 2013). The challenge for service providers is thus how best to run a service that is operationally feasible whilst allowing space for autonomy. Examples may be to offer a choice of meal options or allow shelter users to volunteer to assist with cleaning. Volunteering was the only life experience that was found to be directly associated with higher self-mastery. Experiences of environments where autonomy is restricted, such as mental health institutions and the armed forces, were found to be associated with reduced self-mastery in homeless participants. While structures are often put in place to maintain the safety of the service users themselves, it is imperative that institutions introduce flexibility and opportunity for autonomy in all areas that are reasonable. This will ultimately help service users and prevent potential institutionalisation effects from the shelters themselves.

Homeless people are in a socially disadvantaged position and they are acutely aware of their dependence on others when they exit homelessness.

People in the interview study spoke of difficulties in dealing with responsibility, particularly financial responsibility, so interventions aimed at equipping homeless people with skills to help them manage their personal finances could provide an accompanying sense of personal control. Many homeless people referred to leadership as being too difficult or requiring too much responsibility. A peer-mentoring scheme could provide homeless people with opportunities to help one another and provide guidance to those exiting homelessness in dealing with practical matters. This type of scheme may enable homeless people to develop a sense of self-mastery by engaging in leadership activities in a non-threatening environment. A future longitudinal study could be conducted to examine the impact of autonomy in work or volunteering on self-mastery.

Social Support

While there have been numerous accounts, both in this thesis and in previous research (Brown et al, 2015; Cherner et al, 2017; Herrman, 2004; Riggs & Coyle, 2002), about the sense of isolation experienced during homelessness, this was the first study that directly contrasted homeless and housed people's perceptions of social support and found that these perceptions were indeed lower for homeless people. The evidence regarding the impact of social support in advance of this thesis is mixed with both positive (van der Laan et al., 2017) and negative (Duchesne & Rothwell, 2016) effects of social interaction. There have been suggestions that differences are likely attributable to variation in methodologies (Toro, 2007) and this thesis quantitatively demonstrated that the perception of support,

rather than frequency of contact, had the greatest association with mental health. Previous research suggests that gaps in service provision may be accounted for in homeless individuals' reluctance to accept professional help (McGilloway, 2001). Certainly, interview participants reported mistrusting the motivations of those offering support, which may explain why they felt the lowest level of social support. In order to ensure that homeless people engage with the support offered, the issues of trust around these services needs to be addressed. Higher perceptions of social support were associated with higher levels of interpersonal trust by homeless people and while there were insufficient participants to track this relationship over time to determine causality or reciprocity, this could be a promising area for future empirical enquiry.

Social support perceptions declined between measures in people who remained homeless. Social support perception changes were not associated with changes in housing or employment status, but this was likely due to having insufficient participants to reach significance, given that higher perceived social support was associated with higher benevolence values and increased interpersonal trust, both of which are related to self-transcendence values, and these were associated with transitioning out of homelessness. Ensuring that homeless people have continued social support does seem important in supporting the transition out of homelessness. It should be noted that during the interview study the loss of homeless friendships was mentioned by several people as a challenge when transitioning out of homelessness. One of the obstacles faced in maintaining these relationships was that homeless and previously homeless people perceived that they were

facing a different set of challenges from each other. It may be beneficial to run peer-support groups for both presently and previously homeless people.

While greater emotional and instrumental support were both associated with increased mental health, emotional support accounted for more of the variance. This is encouraging, as it means that a lack of financial resources should not inhibit the ability of support groups to provide the emotional support that could buffer the effect of stress on mental health. It is however important to equip support sources with the necessary emotional resources. Support groups may best benefit from sessions facilitated by a qualified counsellor who can enable people both to feel supported and to develop the emotional resources necessary to help each other. Support services may consider providing appropriate skills training to staff and volunteers (e.g. counselling, dealing with difficult conversations) and offering peer-based support groups to bolster their emotional resources. This could improve the likelihood that contact between clients and support workers will result in positive perceptions and outcomes.

Mental health

In support of previous research (Medlow et al, 2014; Norman & Pauly, 2013), mental health was quantitatively shown to be lower in homeless people than in housed people. While this finding is unsurprising, it is empirically important as it is the first study that has made this finding while contrasting homeless and housed control groups that were recruited at the same time in the same geographical area. The use of the HADS scale (Zigmond & Snaith, 1983) also ensured that potential somatic and

environmental confounds, such as using inventories that use measures of sleep disturbance to indicate depression (e.g. Beck, 1961), have been eliminated. The assumption that homelessness would be associated with stressful life events was met both in people's accounts during the interview study and in the cross-sectional study. Self-mastery was once again shown to be a key variable in supporting homeless people as it buffered the effects of stress and mental health, as found in previous research (La Gory et al, 1990).

Limitations

High levels of participant attrition meant that it was not statistically meaningful to determine an understanding of whether the interplay of psychological differences and life events influenced trajectories of homelessness. This is most certainly a missed opportunity and an area for future research. There were a couple of factors that influenced the high rates of attrition. This was the first study of its scale conducted with homeless people and the Crowdfunder/Amazon MTurk platform that was utilised had just been released at the time of recruitment. Therefore issues with participants not being able to be contacted through the platform to complete successive waves of the study only became evident when it was apparent that the majority of participants had included incorrect email addresses. The second challenge was delivering such a large scale project as one researcher working alone, and in hindsight the project may have been overambitious within the context of a PhD. When it became apparent that the project

logistics were too great for one person to execute, two students were recruited to assist with the data gathering. Although they had been vocally committed, these undertakings proved to be unreliable and they achieved only two questionnaire completions in several months. This resulted in the time-consuming process of one person recruiting for all of the studies. It involved more than 47 site visits over a period of 18 months to collect four waves of data. Although 438 participants were recruited in person into the first wave of the study, this took nearly 12 months. These large time gaps and multiple recruitment sites may have introduced additional environmental factors that could influence outcomes, particularly values as they have been shown to be impacted by societal changes and events (Verkasalo et al., 2006).

The dates of each participant completion and details of their recruitment sites were captured as well as the time between taking measures. The intention was to control for time between wave completions as a covariate, but the sample size in the longitudinal study did not support this level of complexity in the analysis. Attrition analysis was however conducted and reported.

A potential limitation of the interview study is the researcher influence, when potentially a priori conclusions have been formed based on reviewed literature. This is an issue both in terms of leading the interviewee into particular responses during the interview, and interpretation when coding. The aim of this study was to avoid these influences as much as possible by ensuring that the content of the interview was based around the broad research areas of interest, and that the interviewer was as neutral as possible throughout the interview. A sample of the thematic coding was also

reviewed by the research supervisor who did not conduct the interview, to ensure the validity and reliability of the coding structures. A copy of the semi-structured interview used by the researcher can be found in appendix I.

A potential limitation of quantitative studies is the data gathering environment. As the participants were approached at sites in which their accommodation was not secure, or they were involved in an intervention where they needed to keep their place on the programme, the participants may have questioned the independence of the researcher and modified their responses to be more socially desirable. To avoid this, the researcher ensured that questionnaires were either passed directly to the researcher by participants or stamped and addressed envelopes were provided to participants where questionnaires were left for completion so that they could be returned to the researcher without needing to go via a third party.

Asking participants to provide names for tracking and consent purposes could also influence participants to provide more socially desirable responses as the results are more easily tracked back to them. Assurances of confidentiality were made in person and on the consent form. The data gathering often took place in busy rooms with several participants completing the research at any given time; this made it difficult to ensure the independence of the sample. Whenever participants were heard conferring or looking at the answers of another participant they were politely requested to stop doing so. Ideally, when conducting control-based studies the treatment of conditions should be as similar as possible to try and reduce environmental factors that could influence outcomes. It was unavoidable that the very nature of gathering data with homeless people, particularly in the first wave of

recruitment, meant that homeless participants tended to complete the study in paper-based format in a room with others while the general control group completed the questionnaire online. This again may have caused the homeless and low SES participants to provide more socially desirable responses. The differences in in-person versus offline recruitment may have therefore resulted in homeless participants reporting higher self-transcendence values; however these were significantly lower in the homeless compared with the housed sample.

Budgetary restrictions meant that general housed participants could not be remunerated for study participation. This resulted in the homeless and low SES groups being given a £5 voucher at each data gathering time point with the control group being unpaid or paid £1 if they were recruited via Crowdfunder. The differences in payment approach could have influenced responses, particularly power values, which could have been a result of priming or attracting those that value incentives over ‘helping’ (universalism). In order to mitigate this, recruitment messages were focused on financial rewards and the benefits that participating could reap to wider society, to balance value preferences in the circumplex. All participants were also included in the prize draws, which increased in incremental value with each wave of the longitudinal study in an attempt to introduce some symmetry in the incentive approach and to control for possible effects over the longitudinal study. The remuneration approach also led to potential issues with the control sample that was recruited, and it was decided to exclude Crowdfunder participants from the general housed group allocation due to the uncertainty of their economic representativeness (Samuel, 2018).

Furthermore, the additional compensation for homeless and low SES participants may have resulted in participation from individuals with higher self-enhancement values however these values were significantly lower in the homeless sample.

While the focus of this research was to find a broad base of homeless participants to draw from, in which commonalities could be found across demographic indicators for homeless people, the differences found within the homeless group indicate potential for further differentiation within the homeless samples. For example, less than 10% of shelters welcome dog owners in the UK (Dogs Trust, 2019) and as dog ownership was not measured, it is impossible to know whether homeless dog owners were included in the sample. While homeless people have been found to have a higher degree of empathy for animals than housed groups, homeless participants did not differ on this measure depending on whether or not they were dog owners. Homeless dog owners were however found to be in worse physical health than homeless people without dogs (Taylor, Williams & Gray, 2004). Research into homelessness and pet ownership is scarce and the impact of pet ownership on social exclusion for homeless people may be a promising area for further enquiry.

Although there was a large proportion of the homeless sample that had slept rough, whether people were presently sleeping rough was not distinctly measured. Rough sleepers were grouped with people in temporary accommodation such as hostels and night shelters under the housing status measure for homelessness. While rough sleepers were encountered at the food banks and may have been present in the Homeless World Cup and Stuart

Low Trust samples, it is unknown what proportion of the sample were rough sleeping at the time of data gathering. Future research may therefore consider separating out people living in temporary accommodation, such as shelters, from rough sleepers to understand how well that proportion of the homeless population are represented by findings.

A final consideration is the much higher representation of men than women in the homeless sample. Women comprised only 22% of the homeless sample in comparisons with housed groups and 25% of the sample in analyses of the wider homeless sample. While women constitute approximately 14% of rough sleepers in England (White & Macguire, 2019) it would be remiss to presume that homelessness is an issue that predominantly affects men. Of the 83,700 households living in temporary accommodation in England in 2018, 61,740 were households with children. Female single parents with dependent children constituted sixty percent of families in temporary accommodation. Women represent a further 41% of single adults in temporary accommodation (Ministry of Housing, Communities & Local Government, 2019). While findings in the interview study reflect findings in previous studies conducted with homeless women, and gender was used as a covariate in all of the analyses in the cross-sectional study, homeless women are not proportionally represented in this research. Participatory action research, engaging homeless women to develop and deliver research projects in partnership with the research team, may deliver a more engaging recruitment approach.

Methodological implications.

In addition to the empirical findings, there were a number of theoretical insights gained from attempting the first large-scale longitudinal psychological study with homeless people. These concerned identifying issues of assumption with participant sampling, maintaining participant engagement in vulnerable groups over a longitudinal study and additional considerations in the pilot testing phase of the questionnaire.

Participant sampling. There is a tendency in psychological literature to consider homelessness, poverty and low socioeconomic status as fairly homogenous states. This research shows that results of certain variables, such as self-mastery and mental health, appear to have a linear relationship according to relative socioeconomic status and deprivation. Other variables, including social support and values, do not however hold a clear relationship. It should therefore not be assumed that, as homelessness is a form of abject poverty, studies examining the impacts of poverty and socioeconomic deprivation will yield truly representative results by including homeless people with those of low socioeconomic status and vice versa. Indeed, the findings show that homeless people appear to be dealing with a unique set of material and psychological circumstances which result in a unique psychological profile. Applying psychological principles established in non-homeless samples to homeless participants should therefore be done with caution. For example, while the relationship between some variables held, group membership operated as a significant moderating variable between others (such as self-mastery and mental health).

This research attempted to find commonality amongst homeless groups, thereby unifying what can appear to be fairly disparate research areas. Significant differences in values and mental health were found between people who were part of previously, recurrently and first-occasion homeless groups. Therefore, studies which have used previously homeless participants as their 'homeless' sample (e.g. Bramley & Fitzpatrick, 2018) should be interpreted with caution as findings related to these samples may only apply to this particular group. Future research should continue the design in this thesis of gathering diverse homeless samples including age, gender and episodic homelessness status as either covariates or interaction variables, rather than using these as selection criteria. By broadening the scope of inclusion, we can continue to understand the factors that are particularly related to homelessness experiences.

Longitudinal data gathering with homeless samples. Efforts were made to ensure that guidelines for conducting longitudinal research (Robins et al., 2009) were followed. Furthermore, meetings were held with several researchers who had conducted smaller longitudinal studies with homeless participants to understand what they considered to make for successful execution of their longitudinal studies. No previous national-scale longitudinal studies with homeless samples had been completed prior to this research commencing and several learning points therefore arose. The first was close relationships with research partners and participants are required, to ensure face to face engagement with homeless participants across each of the waves. In order to facilitate this, a large enough team of researchers should

be available to conduct in-person recruitment to each of the waves. Scheduling of waves' timings and locations should ideally be planned in advance to ensure that recruitment can take place in person. Data gathering must be sufficiently resourced, to assist in timings across waves being more consistent: it was found that having one researcher attend multiple sites resulted in the waves being spread out over a relatively large period of time. This then impacted the waves overlapping across time periods. If electronic or online systems are being utilised, these systems must be capable of tracking longitudinal participants prior to commissioning: participants were found to be reluctant to provide genuine contact and personal information, with some of them changing their names between completions or providing fake email addresses. The latter resulted in the loss of a large number of participants in subsequent waves. One further consideration in the pilot testing phase could be to test several levels of participant payment to ascertain the most effective one relative to required participant numbers and budgetary constraints. One also needs to maintain flexibility when gathering data from groups that are difficult to reach, and to plan to mitigate methodological challenges as they will almost certainly arise.

Questionnaire design and measurement selection. It was learnt that measurement completion options should be kept as simple as possible to facilitate ease of completion. For example, preferring check boxes (e.g. 'daily / weekly / monthly') over calculations (e.g. 'how many hours') in the questionnaire design will facilitate ease of completion. Furthermore, over-long questionnaires should be avoided, particularly for longitudinal research:

the shortest measure possible should be used and the use of too many measures should be avoided. It is recommended that the specific factors of interest should be refined, and that separate focused studies could be run if there are many factors of interest. By completing several questionnaires in person with participants as part of the pilot testing phase, one can ascertain which questions people find easy to complete and which should be simplified.

It is imperative to select a measure that is appropriate for the context within which it is being applied. Measures should be interrogated to ensure that they do not introduce somatic and environmental confounds when researching in the context of homelessness. For example, the Beck (1961) scale, which has numerous times been used in homelessness research several times (e.g. Johnston et al, 2000), was rejected for use in this thesis as one may imagine that sleeping in a dormitory-style room with 18 other people would negatively affect one's sleep patterns, regardless of one's mental state.

Measurement invariance tests should also be conducted when making intergroup comparisons as these tests help to ensure that groups understand the questions in the same way (Dimitrov, 2010). The failure to achieve measurement invariance between homeless and housed samples using the full Pearlin and Schooler (1978) self-mastery measure means that both the results of this study and those of other studies using this measure should be interpreted with caution. For example, self-mastery was shown to be positively related to the length of time someone had been homeless and it also increased in participants who remained homeless between measures; this is contrary to findings that self-mastery was negatively related to length of time being homeless (Manning & Greenwood, 2018). The reason for this may be

due to the inclusion of gender as a covariate in this thesis although it may also be due to using the full seven item Pearlin and Schooler (1978) in previous research. Other studies using the seven-item self-mastery measure have had similar results to this thesis, for example higher self-mastery was found to be a predictor of becoming housed (Slesnick et al, 2017) and similar results were found in this thesis. This again highlights the importance of cautiously interpreting results which compare questionnaire results of homeless samples to previously published findings. If researchers want to make direct comparisons to previously published findings, these results of the invariance tests in this thesis demonstrate that it would be prudent to acquire the original dataset and run invariance tests.

Recommendations for Policy Makers

There are a number of antecedents to homelessness recognised by previous research (Fitzpatrick et al, 2011) including institutional care (foster, mental health and offender institutions), substance misuse (including drugs and alcohol) and street culture activities (including begging, theft and street drinking). Priority support needs to be made available for people at risk of homelessness; particularly those leaving mental health institutions, people leaving prison (Gojkovic, Mills & Meek, 2012) and foster care. As reported in the interview study, vulnerable people with experiences of government institutions can be reluctant to accept help due to issues around trust, feelings of betrayal and concerns of stigmatisation. Workers supporting people transitioning out of these institutions need to be informed about potential issues the people they are supporting may have with trusting and engaging

with governmental institutions. Policy changes are needed to ensure that those most vulnerable of becoming homeless are provided support in advance of becoming homeless. Further research needs to be funded to better understand ways that support services may improve engagement with those at risk of homelessness. Recent experiences of mental health institutions and prison were significant predictors of lower levels of self-mastery within the homeless sample of this thesis. It is important that the changes to homelessness services discussed throughout the thesis, such as enabling people to make choices wherever possible to improve their sense of self mastery (Greenwood et al, 2005), are applied in other institutional settings. Similarly, these institutions could also benefit from funding and services for group counselling to provide individuals with a much needed emotional support network in advance of, and following exit from, these institutions. As this study shows, emotional support and self-mastery are significantly related to higher levels of mental health.

Better funding is needed for police and drug enforcement and support services to tackle issues of drug use, and in particular spice. It is important that support services can gain access to those most vulnerable. Areas such as Manchester's Piccadilly Gardens are viewed as inaccessible to some homelessness service providers due to spice use (Devlin, 2017). It is imperative that police, community support officers and homelessness support services coordinate to better enable access to vulnerable people.

This thesis found that the absence of support networks was the common antecedent to homelessness experiences for all but one of the interviewees. Social support was also associated with self-transcendence

values, which appear to be related to both becoming homeless and exiting homelessness. With this in mind, policies of relocating homeless families over 100 miles from their place of residence with little consideration to the upheaval to work, school and community (Butler, Duncan & Busby, 2017) need to be reviewed. It is important to recognise the potential psychological impact of these policies on families and not declare them as ‘intentionally homeless’ and withdraw support if they refuse to move. There is consistent evidence of the detrimental impact of relative socioeconomic deprivation on a wide range of psychological factors (Sheehy-Skeffington & Rea, 2017). It is important that research is funded to better understand the psychological impact of homelessness on families within the UK, for example understanding how these experiences affect coping in school or the workplace, confidence, interpersonal communication and cognitive factors. Schools and businesses that have homeless attendees and employees need to be provided with the support and resources to support people dealing with this high level of stress associated with homelessness.

Policy makers and legislators need to reconsider extending protection of the Equality Act 2010 beyond the existing characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation to include socioeconomic history. Organisations are already including this as part of their diversity and inclusion policies (Open University, 2019) and this would be a definitive step in ensuring discrimination and stigmatisation of socially and economically disadvantaged groups is reduced.

Conclusion

This thesis took a mixed method approach to gain insight into psychological changes that may occur in the context of homelessness and whether related psychological changes could predict an exit from homelessness. The methodology used was helpful in terms of grounding the interpretation of the quantitative findings within the context of homelessness experience and making more informed recommendations for intervention. The overall results are encouraging as they suggest that values-informed interventions may help homeless people transition back into housing. Research regarding values and homelessness was non-existent at the outset of this thesis and remains scarce. The findings do suggest that low levels of self-mastery as well as value differences may have a role to play in the perpetuation of homelessness. These variables are influenced by social support and are related to mental health. Homelessness interventions focused on increasing self-transcendence values and self-mastery appear to hold the greatest potential for aiding people in the transition out of homelessness. Specific intervention recommendations have been made throughout this chapter; however, interventions should broadly focus on giving homeless people a sense of choice (autonomy and self-mastery), providing opportunities for people to volunteer (self-transcendence and self-mastery) and support one another (inclusion, trust, self-transcendence and mental health).

These findings have added to previous research (Fitzpatrick et al, 2011) that identifies homelessness as a complex situation with many routes leading to it. The common, and thus fairly neglected, theme is that nearly all

of the routes into homelessness relate to the breakdown of a person's support network. One may imagine that the adage that 'the type of problem you have largely depends on the perspective of the person you approach to fix it' applies in the context of this thesis. It is certainly not the claim of this thesis that the findings present a prescription for what is required to address homelessness in all cases. Homelessness operates within a wider political, social and economic context. However, it is important to understand that every academic discipline has value to add in best supporting vulnerable people towards both avoiding and exiting homelessness. This thesis presents unique findings and perspectives that demonstrate that homeless people have distinct characteristics, for a variety of reasons. These findings move beyond a purely psychological contribution as they challenge established research practices that place homeless individuals with other socially excluded groups in a single cohort for the purpose of making policy recommendations. They also demonstrate that conducting research with previously homeless participants only, does not provide full insight into the needs of those presently experiencing homelessness. Practicalities of data acquisition may require these established methods of sampling; however, future hypothesis, research aims and interpretation of findings should reflect this limitation.

The wider social context should also be taken into consideration when designing support interventions for previously homeless people. For example, Dennis et al. (1991) found that mentally ill homeless people faced challenges in reintegrating back into society due to social stigmatisation and community resistance to developing low-cost accommodation. Hence, interventions could focus on engaging members of the wider community

where homeless people are typically re-housed, to interact with and provide support to the homeless community. For example, encouraging homeless or previously homeless people to join community garden projects or book clubs could provide a neutral space where all members of the community could positively interact with one another, share ideas and reduce social stigma.

By understanding the observed psychological differences between homeless and housed groups through the lens of compensation and acclimatisation effects (Schwartz & Bardi, 1997) to stressful and challenging circumstances, their value differences can be recognised as adaptive rather than pathological. This thesis therefore does not approach homeless people as broken and in need of ‘fixing’ in order to fit into society, but rather provides the insight that can develop tools to effectively support people that no longer want to be homeless, out of homelessness.

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Appendices

Appendix A: Summary of Conference and Research Forum

Presentations

<i>Name of Conference</i>	<i>Presentation Title</i>	<i>Presentation Type</i>	<i>Date</i>	<i>Audience</i>
PRD Research Forum	The role of Values in Social Exclusion of the Homeless	Individual Paper	28/01/2013	Psychologists
Homeless Link - Research Forum	The role of Values in Social Exclusion of the Homeless	Individual Paper	24/04/2013	Service Providers
Practitioner's Meeting	The role of Values in Social Exclusion of the Homeless. An examination of psychological barriers faced by the homeless.	Seminar	13/08/2013	Service Providers
The British Psychological Society conference (Social Psychology Section)	Understanding the Homeless: Perceived Value Change and Value Differences from the General Population	Symposium Paper	28/08/2013	Psychologists
Psychology Postgraduate Conventions	Understanding the Homeless: Experiences of Homelessness and Perceived Value Change	Individual Paper	22/10/2013	Psychologists
RHUL Science Fair	Can you tell someone's history by looking at them? (Study identifying which individuals were homeless: they all were)	Public Engagement	01/03/2014	Local Community
The International Association of Cross-Cultural Psychology Conference	Moving between the homeless and the wider community cultures: perceived and required value change	Symposium Paper	17/07/2014	Psychologists
RHUL Postgraduate Convention	Moving between the homeless and the wider community cultures: perceived and required value change	Individual Paper (Chair)	18/09/2014	Multi-discipline Researchers
Homeless Link - Research Forum	On being homeless: multi-method evidence of social support, mental health and self-mastery	Individual Paper	03/12/2014	Service Providers
MSc Applied Social Psychology	Homelessness Adjustment and Wellbeing	Seminar	20/02/2015	Psychology Students
The International Association of Cross-Cultural Psychology Conference	Differences between Homeless and the Wider Community Cultures: Evidence of Social Support, Mental Health and Self-mastery.	Individual Paper	30/07/2015	Psychologists
The British Psychological Society conference (Social and Developmental Psychology Section)	Social Support for Homeless People: Implications for Mental Health and Self-Mastery.	Individual Paper	11/09/2015	Psychologists

**Appendix B: Results from Literature Search of Academic publications
2012 to 2018**

Number of original articles by Database

<i>Search Term</i>	<i>Scopus</i>	<i>Web of Science Core</i>	<i>EBSCO PsycARTICLES/ INFO/EXTRA</i>	<i>Total number of articles identified</i>	<i>Remaining articles following Screening</i>	<i>Included articles following Filtering Phase 1</i>	<i>Included articles following Filtering Phase 2</i>
Literature Review	101	9	226	336	239	45	41
Depression	501	2	161	664	314	35	32
Anxiety	82	0	51	123	66	11	11
Emotional support	70	0	25	95	77	0*	-
Practical Support	32	0	9	41	21	0**	-
Social support	401	9	456	866	576	71	43
Learned Helplessness	2	0	2	4	1	1	2
Self-Mastery	5	1	3	9	9	13***	10
Values	301	2	140	443	389	12	4
				2,581	1,692	188	143

10 articles were relocated to 'social support' folder as a result of reviewing. There was a tremendous focus on studies of children in foster care, woman who have experienced intimate partner violence, veterans and drug addicts. **Four papers remained however they were relocated to the 'social support' folder as they were relevant to both practical and emotional support. *relevant papers were added from other folders including 'social support' and 'depression'*

Appendix C: Recruitment Partner and Individual Intervention Details

Food-banks. Trussell Trust runs a network of food banks throughout the UK. Food donations are made by the public and are then given out at distribution centres, such as community centres and churches, to individuals who have been provided with food vouchers. Care professionals such as doctors, health visitors, social workers and police, identify people in crisis and issue them with a food bank voucher. The clients of the food banks include people who are homeless and low SES. Several of the participants recruited through the food bank network were currently rough sleeping. People that have received benefit sanctions also tended to be at the food bank as they could no longer afford food. There are no formal interventions offered by the food bank network. More information about the food banks can be found at the following link: <http://www.trusselltrust.org/>

Recruitment approach. Sixty-nine food bank distribution centres in the London area were sent a proposal and emailed to ask if they would be prepared to participate in the research and four permitted data gathering at their locations. The researcher attended the food bank locations and recruited participants in communal areas by personal approach. The food bank network provided participants for the homeless and low SES sample for the quantitative studies only. Participants were paid £5 for participating at each time point of the quantitative study.

Government Work Programme. The Government Work Programme is an initiative by the United Kingdom Department of Work and Pensions to get the long term unemployed into paid work. The scheme

includes individuals from the United Kingdom that are receiving unemployment benefits from the state. Homeless and low SES individuals were recruited through their scheme into the quantitative study only.

Intervention. Participants that receive social support from the government need to attend their local Job Centre and show their efforts over the week to get paid work. Participants are referred by the Job Centre to third party contractors who run support sessions, training and coaching, to get people back into work. Homeless individuals are meant to be flagged in the system to receive additional support. However this does not often happen, one reason for this is due to homeless individuals being unwilling to disclose their homeless status for fear of experiencing dehumanising reactions (Biederman & Nichols, 2014). The programme is run nationally and split into 18 regions throughout the country. There are 18 work programme providers operating throughout the country with multiple contractors operating across each region. More information about the government work programme can be found on their website: <https://www.gov.uk/government/policies/helping-people-to-find-and-stay-in-work/supporting-pages/managing-the-work-programme>

Recruitment approach. The DWP was approached through St Mungo's and a research proposal was submitted for review and approval. Once approval was given by the research team at DWP, their third party contractors that run the programmes were contacted. The researcher then contacted each programme directly and arranged to attend one centre in Dover in the southeast of the UK. Recruitment took place at the training facility run by the third party contractors on the first day of the training, the last day of the training, and waves 3 and 4 of Study 3 took place as participants

could be reached. Participants were paid £5 for participating at each time point of the quantitative study.

Homeless World Cup. The Homeless World Cup is a network of 70 international partner organisations that use football to improve the lives of homeless people throughout the world. A team from each of the partner organisations selects a team to compete in the Homeless World Cup annually.

Recruitment approach. Homeless World Cup was recruited through the researcher's professional network via Mel Young, the Founder of Big Issue Scotland and the Homeless World Cup. It was agreed that their participation in the quantitative study could form a pilot of an international study looking at the psychological impact of participating in the homeless football networks. On this basis it was agreed that the UK networks would be included in the research. A proposal was submitted to the Homeless World Cup who distributed it to the Homeless World Cup network decision-makers in England, Wales and Scotland and encouraged their participation in the project. A meeting was held with each of these contacts to understand more about their intervention and agree the best approach for measuring the participants in their intervention. It was agreed that given the structured and finite nature of the interventions that participants would be recruited on the first day of the intervention. Wave 2 of Study 3 would be conducted on the last day of the intervention and then participants would be contacted after three and six months, following the conclusion of their intervention. Each of the UK networks is independent, runs interventions slightly differently and the specifics of their interventions will be discussed separately below. More

information about the Homeless World Cup can be found on their website: <https://www.homelessworldcup.org/> . Participants were paid £5 for participating at each time point of the quantitative study.

Homeless Football Association (England) . The Homeless Football Association (HFA) is a charity that supports initiatives that use football to improve the lives of homeless people in England. There are 200 organisations that are registered with the HFA nationally. These organisations coordinate homeless football teams in their location. The HFA is also associated with the Homeless World Cup which hosts an annual tournament for homeless individuals that participate in these leagues globally. The HFA is now part of Centre Point. Participants that are involved in the HFA complete a 4 page application which is assessed on need. There are approximately 600 applicants for the 300 places available nationally. The programme operates 10 national training centres at prestigious UK clubs such as Arsenal and Manchester United. Two teams of 15 men and 15 women are recruited to each of the national training centres. Participants are given the kit of the clubs to encourage association with the positive brand identity. They are also brought to the club to attend one match as VIPs. They then undergo a training programme which is delivered by the club and involves football training, one-to-one coaching and sessions on personal development. Coaches observe participants throughout and they are scored during each session on a number of factors including teamwork and behaviour. At the end of the programme, each participant gets accredited and the 40 participants with the highest overall aggregate change, in the assessment criteria, are brought into the national team that represents England at the Homeless World Cup. The

national team is coached at Manchester United and has the support of sports psychologists that coach them on goal-setting and dealing with disappointment. At the end of the programme participants are encouraged to return as volunteers and peer-mentors to support running the programme. More information about the HFA can be found on their website: <http://homelessfa.org/>

Street Football (Wales). Street Football Wales runs a four-league programme which had 560 participants in 2013. Between 10 and 12 of the most successful participants are then recruited to participate in their 10 week football programme in Swansea, Wales, to be trained for the team for the Homeless World Cup. They aim to promote a supportive environment and foster a spirit of greater independence in the participants. Those with needs are signposted to professional services when needed. Street Football Wales are committed to demonstrating the positive impact of their programme and already report on participants; perceptions of whether their physical & mental health have improved, alcohol and drug behaviours, living conditions, self-confidence and motivation to learn new skills or start working. More information about the Street Football Wales can be found on their website: <http://www.streetfootballwales.org/>

Pret Foundation Trust. Pret Foundation Trust is a charity that is affiliated with the food chain Pret A Manger. The trust runs a number of community programmes which include funding homeless charities, distributing unconsumed food to the homeless and running an employment scheme in their stores. More information about the Pret Foundation Trust

can be found on their website:

http://www.pret.com/pret_foundation_trust/about.htm

Intervention. The Pret Apprenticeship Programme is an employment scheme offered to those who are experiencing homelessness or who are in correctional facilities. The programme receives referrals from homeless shelters, soup kitchens and other homeless services. The programme also receives referrals from prison services. There are typically 20 apprentices at any given time in the programme. Once a potential apprentice has been referred they are interviewed by the person who runs the programme who asks them about their dreams and ambitions. If a candidate is perceived to have exhibited passion and willingness to work as a team member, they will be matched to managers with availability in the stores. If the meeting between the manager and potential apprentice goes well the apprentice will join the scheme. The role of the apprentice can include preparing food in a busy kitchen environment, preparing coffee as a barista and serving customers at the till. The scheme is a three month programme where the staff costs are covered by the foundation. Apprentices are provided with a free travel card, £100 for a uniform, and a salary. Apprentices need to attend a work experience day and one of the weekly group counselling sessions prior to starting work. Attending the weekly counselling sessions continues to be a requirement throughout the 3 month programme. Individual counselling is provided in addition to the group sessions for those that need it. At the end of the programme approximately 80% of participants graduate and are offered a permanent contract. Participants are given £100 and an award when they have been employed on a permanent contract for 6 months. Approximately 60% of participants make it to the 6 month mark. Some participants become,

or return to being homeless during the programme and Pret Foundation Trust works with its recruitment centres to find a space in emergency accommodation for these individuals.

Recruitment approach. The researcher approached Pret Foundation Trust after learning about the programme from one of the shelters that refer participants. Following a presentation to the managers the researcher was invited to attend several of the counselling sessions, a manager's conference and attend a day of work experience to get a feel for the programme. Participants were then recruited into both the qualitative and quantitative studies at the weekly group counselling sessions and at social events that are hosted for apprentices by Pret. At the request of Pret, participants were unpaid for participating in the interview study however were paid £5 for participating at each time point of the quantitative study.

Shelter from the Storm. Shelter from the Storm (SFTS) is a central London night shelter that provides emergency overnight accommodation for 36 homeless guests of a balanced gender mix of male and female, with guests ranging in age from teenagers to pensioners. Guests are referred to the shelter via other homeless services such as day centres. The shelter is free and has a high proportion of migrants that do not qualify for benefits. The shelter has one male and one female dormitory-style room with a communal lounge, kitchen and dining area. More information about SFTS can be found on their website: <http://www.sfts.org.uk/>

Intervention. The shelter has a counsellor that attends the location weekly to offer free sessions to the clients. The shelter also refers people to the Pret Apprenticeship Scheme but does not offer any formal intervention or

support programmes of its own.

Recruitment approach. The researcher volunteered at the shelter for several years and submitted a research proposal to the management of the shelter. On approval, participants were approached at the shelter in the communal areas and asked if they would like to participate in the study. Participants were recruited for both the qualitative and quantitative studies through SFTS. Participants were paid £10 for participating in the interview study and £5 for participating at each time point of the quantitative study.

St Mungo's. St Mungo's is a UK charity that runs 222 housing and employment services across London and the South of England. Housing support is available to approximately 1,900 individuals throughout the cycle of homelessness, with larger facilities set up for people that have just come off the street and are slightly more chaotic in their behaviour, small bedsit accommodation for the long term homeless and transition accommodation for those that are preparing to return to the community. Specialist accommodation with support workers is set up for people with mental health and dependency needs. Participants recruited from St Mungo's were typically homeless or living in supported accommodation. There were rare exceptions that reported that they had not experienced homelessness and they were included in the low SES group. More information about St Mungo's can be found on their website: www.mungos.org

Intervention. The Employment Services team is advertised throughout the hostels in the St Mungo's network. There are a range of training interventions which are designed to help reduce marginalisation and are process, rather than output-focused. Ultimately these interventions are

targeted at helping individuals develop the skills to gain employment and leave homelessness services. When people sign up with the Employment Services team, an initial meeting is held with a member of the team. An assessment of their employment history, skills and literacy is conducted. Results from assessment found that literacy levels in the hostels were below 50%. Literacy classes, qualification-based skills training and work experience placements are offered by the team. The team manager reported that approximately 500 people engage with the services each year with 150 of the people getting qualifications and 100 of those finding employment.

Recruitment approach. St Mungo's expressed an interest in becoming a recruitment partner following a presentation to the Homeless Link Research Network about the research. A meeting was held with a member of the St Mungo's Research team and the head of The Employment Services team, following which the details of all of the St Mungo's centres and managers of their centres were provided to the researcher. The researcher contacted each centre individually and arranged to attend 21 centres in three cities. Participants were recruited through the hostel network and Employment Services support team in London. The researcher attended the Employment Services team centre at the same time as the literacy classes to ensure that homeless individuals with literacy issues could be recruited into the study. Participants were recruited into both the qualitative and quantitative study and included those that were involved in the intervention and people that were not. Participants were paid £10 for participating in the interview study and £5 for participating at each time point of the quantitative study.

Stuart Low Trust. Stuart Low Trust (SLT) is a London-based

charity that runs free interactive activities for socially isolated and mentally distressed people in the London area. Participants recruited from SLT included those who were homeless, Low SES and from the general control group and were included in the quantitative study only. More information about SLT can be found on their website: www.slt.org.uk

Intervention. SLT hosts six different types of events including five ongoing weekly events and ad-hoc outings to places of interest. The events are advertised on community notice boards and their website, and participants self-refer to the events. The weekly events include: Wednesday evening choir; Thursday afternoon gardening, Friday evening meal and entertainment, Saturday winter projects and Sunday afternoon philosophy discussion groups.

Recruitment approach. SLT approached the researcher in order to obtain quantitative data around the effectiveness of their interventions. The researcher explained that they would be able to join the existing study and a meeting was held with the manager of SLT and information about the interventions was provided to the researcher. As a late entrant to the research, participants were recruited over two weeks in early December 2014. As the trust attracted vulnerable adults and people with potential literacy issues, the researcher attended two consecutive events on a Friday evening to distribute questionnaires and assist with completion. Participants also had the option of taking questionnaires from the events over the two weeks and then posting them to the researcher. Participants from the trust were paid £5

Appendix D: Ethics Application

PSYCHOLOGY DEPARTMENT ETHICS APPROVAL FORM

PLEASE COMPLETE ALL PARTS OF THE FORM AND CHECKLIST.
APPEND INFORMATION AND CONSENT FORM(S) AND ANY OTHER
MATERIALS IN SUPPORT OF YOUR APPLICATION

Tick one box: STAFF Project **POSTGRADUATE Project**

UNDERGRADUATE

Project start date: November 2011 Duration: 8 months

Funding Agency n/a

Title of project : **What is important to you and how has it changed?**

Name of Researcher(s) : Jessica Howarth

Name of Supervisor (Student Project) : Anat Bardi Date: 16/11/2011

Contact e-mail address : taryn.howarth.2011@rhul.ac.uk

		YES	NO	N/A
1	Will you describe the main experimental procedures to participants in advance, so that they are informed about what to expect?	X		
2	Will you tell participants that their participation is voluntary?	X		
3	Will you obtain written consent for participation?	X		
4	If the research is observational, will you ask participants for their consent to being observed?			x
5	Will you tell participants that they may withdraw from the research at any time and for any reason?	X		
6	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	X		
7	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	X		
8	Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)?		X	
9	For Undergraduate MRI projects, is your specific experiment covered by previous ethics approval?			X

If you have ticked 'NO' to any of Q1 – 9, please give an explanation on a separate sheet (N/A = Not applicable).

		YES	NO	N/A
10	Will your project involve deliberately misleading participants in any way?		X	
11	Will your project involve TMS, EEG or similar physiological methods or an MRI experiment without previous ethics approval?		X	
12	Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort? If 'Yes', give details on a separate sheet and state what you will tell them to do if they should experience any problems. (e.g. whom they can contact for help).		X	

If you have ticked 'Yes' to 10, 11 or 12 please give a full explanation on a separate sheet.

(N/A = Not applicable).

		YES	NO	N/A
13	Does your project involve work with animals?		X	
14	Do participants fall into any of the following special groups? If they do, please refer to BPS guidelines. Note that you may also need to obtain satisfactory CRB clearance (or equivalent for Overseas Students).	Children (under 18 years of age).	X	
		People with learning or communication difficulties.	X	
		Patients.	X	
		People in custody.	X	
		People engaged in illegal activities. (e.g. drug taking).	X	

There is an obligation on the Lead Researcher to bring to the attention of the Departmental Ethics Committee any issues with ethical implications not clearly covered by the above questions.

Now please complete the box below, by editing into this file in 'Word'.

- *Please append the check list provided to indicate that each piece of the necessary information has been included in your application (see Appendix C).*
- *Please attach intended information sheet and consent form (see Appendix D & E) and any other supporting information.*
- *THEN print off and sign the form (supervisor signs also for undergraduate and postgraduate students.*
- *Submit one hard copy to Carol Blackman by 17.00 hours of last day of month, for consideration in the next month's round of submissions. Electronic applications will not be considered.*

Please provide the information requested under each heading (see checklist for details).

1. Title of project.

What is important to you and how has it changed?

2. Purpose of project and its academic rationale.

Members of the homeless community have a great deal of difficulty reintegrating back into society once housed. There are a number of associated factors such as being ill equipped with the necessary life skills (cooking etc) and feelings of social isolation once leaving the homeless community and entering wider society.

Measures are in place to address the former issues and research is underway to assess the multiple factors that contribute to homelessness by working with a number of exclusion services (mental health, housing, drug and alcohol addiction).

This project hopes to identify trends in value change of the homeless community with the intention of identifying value change as a factor that inhibits the reintegration of homeless people back into the community and to gain greater understanding of the impact and effects of homelessness.

3. Brief description of methods and measurements.

The research will include two parts; part 1 will be a questionnaire and part 2 will be follow up interviews (minimum 4 and maximum 10) and focus groups to provide anecdotal evidence and to be utilised to inform and enrich the data gathered.

Questionnaires will be distributed to three populations at their current location or online:

Homeless

Homeless Volunteer

Control

The questionnaire packet will include the Schwartz Values Questionnaire (Schwartz et al 1989) also measuring perceived value change (homeless: since becoming homeless; volunteers: since starting to volunteering; control: last 6 months), Rosenberg Self Esteem Questionnaires (Rosenberg 1965); Pearlin Self Mastery scale (Pearlin & Schooler 1978), Social Readjustment scale (Holmes & Rahe 1967)

The questionnaire concludes by asking participants if they would like to participate in a follow up interview or focus group. Participants will be notified that, if they would like to participate, their contact details will be treated confidentially and be stored separately from the questionnaire answers.

Following the analysis of the questionnaires two focus groups will be held to discuss the findings with the volunteer and homeless populations to understand their perspectives and interpretation of the data and to validate the conclusions drawn by the researchers.

4. Participants: Recruitment methods, number, age, gender, exclusion/inclusion criteria.

The target population of this study is homeless adults and volunteers. They will be recruited through shelters. We have consent from one night shelter to conduct surveys and interviews on their volunteers and their homeless guests and hope to obtain permission from others to do the same. The control population will be recruited online and in public places by personal approach.

5. Consent and participant information arrangements, debriefing.

Participants will be given an information sheet and consent form to sign prior to the study. For the online study there will be a tick boxes that indicate consent.

6. A clear concise statement of the ethical considerations raised by the project (if any) and how you intent to deal with them.

No specific ethical concerns are expected to arise.

7. Estimated start date and duration of project.

1 December 2011: 8 months

Please append the information and consent forms and any other materials relevant to the application (e.g. previously unpublished questionnaires, debriefing sheet or script)

If any of the above information is missing, your application will be returned to you.

I am familiar with the BPS Guidelines for Ethical Practices in Psychology Research (and have discussed them with the other researchers involved in the project).

Signed: Print Name:
..... Date:

Signed: Print Name:
..... Date:

Signed: Print Name:
..... Date:

Signed: Print Name:
..... Date:

(UG or PG Researcher(s). If applicable)

Signed: Print Name:
..... Date:

(Lead Researcher or Supervisor)

STATEMENT OF ETHICAL APPROVAL

This project has been considered using agreed Departmental procedures and is now approved for months.

Signed: Print Name:
..... Date:

(Chair, Departmental Ethics Committee)

Appendix E: Ethical Approval

From: Blackman, Carol [mailto:Carol.Blackman@rhul.ac.uk]
Sent: 25 September 2012 11:49
To: Bardi, Anat; Howarth, Taryn (2011)
Subject: Ethics Proposal 2011/125

Dear Anat and Jess,

Ethics Proposal 2011/125: What is important to you, and how has it changed?

Thank you for your request to extend ethics approval for your above project.

The DEC Chair has approved an extension for 24 months, until 30th September 2014.

Good luck with your continued study.

Best Regards,

Carol

*Miss Carol Blackman
Faculty Administrator
Psychology Department
Royal Holloway University of London
Egham
Surrey TW20 0EX*

Tel: +44 (0) 1784 443528

Fax: +44 (0) 1784 434347

Email: carol.blackman@rhul.ac.uk

From: Blackman, Carol [mailto:Carol.Blackman@rhul.ac.uk]
Sent: 08 December 2011 16:39
To: Howarth, Taryn
Cc: Bardi, Anat
Subject: Ethics Proposal 2011/125

Dear Jessica,

Ethics Proposal 2011/125: What is important to you, and how has it changed?

Your above ethics proposal has been reviewed by the DEC, and has received ethical approval for 8 months.

The reviewers have raised the following points which are recommendations, but not required for approval:

- First Reviewer – Please explain 'value change' briefly in the information sheet.
- Second Reviewer – I hope some personal safety advice about lone working will be given to the student.

Please note that you must not start until you receive approval for risk assessment and resources.

Good luck with your study.

Best Regards,

Carol

*Miss Carol Blackman
Faculty Administrator
Psychology Department
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Email: carol.blackman@rhul.ac.uk

Appendix F: Consent Form Interview Study



Department of Psychology

Royal Holloway, University of London
Egham, Surrey TW20 0EX, UK

Information Sheet What is important to you?

You are invited to participate in a study by Royal Holloway, University of London Psychology Department. We are carrying out a study to understand 'What is important to you?' run by Jessica Rea and supervised by Dr Anat Bardi.

Your participation is valued as the results from this study will help us to explore how people adjust to major life events and experience existing support programmes.

If you decide to take part, you will be requested to answer a questionnaire and have an interview.

The questionnaire will take approximately 20 minutes to complete. The interview will take approximately 45 mins - 1 hour. Only my supervisor and I will be allowed to see your responses and they will be recorded only by a participant number and location type to ensure the information is completely confidential. Overall trends and results will be shared with participating charities but no individual level information will be provided.

You do not have to take part in this study if you don't want to, and you do not have to answer all the questions if you are uncomfortable to do so. If you decide to take part you may withdraw at any time without having to give a reason.

Please keep this part of the sheet yourself for reference. Please feel free to ask any questions before you complete the consent form below. Please tear off and hand the completed consent form to the researcher. It will be stored separately from the anonymous information you provide for the research project. This study has been reviewed and approved by the Psychology Department internal ethical procedure at Royal Holloway, University of London. If you would like to discuss any aspect of the research with us you can contact us by email on homeless@rhul.ac.uk or by phone on 07580 757 347.

.....
Consent form: What is important to you?

Participant ID Location type:.....

You have been asked to participate in a study about what is important to you. Have you:

- | | | |
|--|-----|----|
| • Read the information sheet about the study? | yes | no |
| • Had an opportunity to ask questions? | yes | no |
| • If asked, got satisfactory answers to your questions? | yes | no |
| • Understood that you're free to withdraw from the study at any time, without giving a reason? | yes | no |
| • Do you agree to take part in the study ? | yes | no |

Signature _____ Name in block letters _____

Date _____

Appendix G: Consent Form Quantitative Studies without Postal Payment



Department of Psychology

Royal Holloway, University of London
Egham, Surrey TW20 0EX, UK

Information Sheet What is important to you?

By participating in this Royal Holloway, University of London Psychology Department study, you could help us gain insight into:

- how people adjust to major life events.
- how to improve support programmes.
- how relationships with others impact on psychological factors.

To take part in the study you just need to complete the following questionnaire.

- The Questionnaire takes approximately 20 minutes to complete.
- Participant responses are completely confidential.
- All information provided will be securely stored and not shared with any third parties.
- On completion you will be entered into a £50 prize draw!

While we would appreciate you responding to as many of the questions as you can, you do not have to answer questions you are uncomfortable answering. You may withdraw at any time without providing a reason.

This study has been reviewed and approved by the Psychology Department internal ethical procedure at Royal Holloway, University of London. If you would like to discuss any aspect of the research or ask any questions, you can contact Jessica Rea (supervised by Dr Anat Bardi) by email on homeless@rhul.ac.uk.

Consent form: What is important to you?

Participant ID Location type:.....

Before taking part in the study, have you:

- | | | |
|--|-----|----|
| ▪ Read the above information about the study? | yes | no |
| ▪ Ensured that you have no unanswered questions about the study? | yes | no |
| ▪ Understood that you're free to withdraw from the study at any time, without giving a reason? | yes | no |
| ▪ Do you agree to take part in the study? | yes | no |

Signature _____ Name in block letters _____ Date _____

Email _____ Phone _____

Appendix H: Consent Form Quantitative Study with Postal Payment



Department of Psychology

Royal Holloway, University of London
Egham, Surrey TW20 0EX, UK

Information Sheet: What is important to you?

By participating in this Royal Holloway, University of London Psychology Department study, you could help us understand:

- how people adjust to major life events.
- how to improve support programmes.
- how relationships with others impact you

To take part in the study you just need to complete the following questionnaire

- The questionnaire takes approximately 20 minutes to complete.
- Participant responses are completely confidential.
- All information provided will be securely stored and not shared with any third parties.
- Please post this questionnaire and you will be posted or emailed a £5 voucher
- On completion you will also be entered into a £50 prize draw!

While we would like you to respond to as many questions as you can, you do not have to answer questions you are uncomfortable answering. You may withdraw at any time without providing a reason. This study has been reviewed and approved by the Psychology Department internal ethical procedure at Royal Holloway, University of London. If you would like to discuss any aspect of the research or ask any questions, you can contact Jessica Rea (supervised by Dr Anat Bardi) by email on homeless@rhul.ac.uk.

Consent form: What is important to you?

ADMIN ONLY	
Participant ID	Location type:

Before taking part in the study, have you:

- | | | |
|---|-----|----|
| ▪ Read the above information about the study? | yes | no |
| ▪ Ensured that you have no unanswered questions about the study? | yes | no |
| ▪ Understood that you are free to withdraw from the study at any time, without giving a reason? | yes | no |
| ▪ Do you agree to take part in the study? | yes | no |

Signature _____ Name in block letters _____ Date _____

Please provide the following information with your completed questionnaire so we can send you your £5 voucher:

Email _____ Phone _____

Postal Address: _____

Appendix I: Semi-structured interview schedule

Thanks for taking the time to speak to me. I would like to discuss your experience of homelessness and how you feel these experiences may have impacted you. It should take between half an hour and an hour. You don't need to answer questions you feel uncomfortable answering and you can stop this interview at any time without providing an explanation.

The interview will be recorded and the notes will be treated as confidential and your first name and age will be recorded with the transcript. The transcripts from the interview will be available to my research supervisor and examiner and you will be able to request a copy if you choose. If there is any information following this interview that you would prefer not to be included in the notes you are welcome to contact me.

- How long ago did you first experience homelessness?
- Have you experienced it more than once?
- How long were you homeless for?
- What becomes more important when you become homeless?
- What become less important to you when you become homeless?
- What, if any, changes have you noticed in yourself since first experiencing homelessness?
- What did you care about more when you become homeless?
- What did you care about less when you become homeless?
- What challenges did you face in reintegrating back into the community? (if multiple experiences of homelessness)
- Have you been involved in any return to work programmes?
- Do you think they are effective? Why, why not?
- Tell me about your goals for the future?

Appendix J: Interview Study 10 Values Participant Prompt

Participants were asked whether the following statements became more or less important to them, or stayed the same, as a result of the homelessness experiences.

<i>Statement</i> <i>(Read to participants)</i>	<i>Related value</i> <i>(Not visible to participants)</i>
Help those closest to me.	Benevolence
Make decisions about my own life.	Self-direction
Be a leader.	Power
Succeed in the eyes of others.	Achievement
Appreciate and care for the wider world.	Universalism
Meet people with different customs and traditions.	Tradition
To be safe.	Security
Do things I enjoy.	Hedonism
Try new things.	Stimulation
Do what others expect of me.	Conformity

Appendix K: Final coding structure of semi-structured interview data

Key theme	Sub Theme	Code Level 1	Code Level 2	Code Level 3	<i>n</i> *	Refs**
Homelessness experiences						
Antecedents						
		Loss of Relational Support			16	34
		Substance Abuse			9	11
		Loss of Work			8	10
		Institutionalisation			5	14
		Mental Health			3	4
Experiences of Homelessness						
		Hostels and Shelter			11	28
		Negative			10	17
				Routine_Lack of Self Direction	5	7
				Volunteers	7	10
				Positive	5	7
		Failure			7	12
		Mental Health			5	6
		Rough sleeping			0	0
				Uncertainty	4	6
				Adventure	3	5
		People				
				Homeless Friends	9	14
				The wider community	7	24
				Family and Friends	2	2
				Keeping it secret	4	11
Exiting homelessness						
		Plans for the future			13	18
		Work			11	36
		Relationships			10	29
				Supportive	7	14
				Loss of	6	12
		Support Programmes			10	23
		Responsibilities			8	15
		Returning to Homelessness			6	9
		Rehab_Substance Abuse			5	13
Values						
		More Important				
				Relationships	16	45

Benevolence	4	5
Achievement	8	8
Need fulfilment	6	11
Substance abuse	6	7
Universalism	5	8
Work	5	6
Self-Direction	3	4
Hedonism	1	3
Conformity	1	2
Traditions	1	1
Security	0	0
Health & Hygiene	8	13
Food	6	11
Safety	4	5
Relationships_Security	4	5
Money	1	3

Less Important

Relationships	10	17
Benevolence	10	14
Power	8	16
Personal Security_Health & Hygiene	8	10
Everything	8	9
The Self	5	7
Hedonism	5	6
Achievement	4	4
Conformity	1	1

Notes: *refers to the number of participants that coded to a specific topic. ** refers to the number of extracts across all sources that were coded to a particular topic.

Appendix L: Cross-sectional study: participant recruitment numbers, locations and payments

<i>Recruitment Centre</i>	<i>£ Payment</i>	<i>n</i>
Business in the Community	5	15
Foodbank	5	41
Street Football	5	198
St Mungo's	5	159
Pret	5	6
SFTS	5	8
Government Work Programme	5	19
Stuart Low Trust	5	31
Crowdfunder	1	419
Unpaid Online	0	112
<i>Total</i>	<i>2,862</i>	<i>1008</i>

Appendix M: Questionnaire with PVQ40

What is important to you?

Participant ID

Thank you for agreeing to participate in this University of London study, please note that all information provided is **anonymous** and treated as **strictly confidential**. Overall trends and results will be shared with participating charities but no individual level information will be provided.

Please answer all the questions as honestly as possible, the questionnaire should take approximately 20 minutes to complete. If you have any questions about this survey please ask.

Age:.....

Gender (circle as appropriate): Male / Female

Place of completion (e.g. London, Bath, Glasgow):

Section 1

Below are a number of brief descriptions; please read each description and think about how much it describes you, then **mark an 'X' in the appropriate box**.

	Exactly like me	Very much like me	Quite like me	A little like me	Not so much like me	Not like me at all
1. Thinking up new ideas and being creative is important to me. I like to do things in my own original way.						
2. It is important to me to be rich. I want to have a lot of money and expensive things.						
3. I think it is important that every person in the world be treated equally. I believe everyone should have equal opportunities in life.						
4. It is very important to show my abilities. I want people to admire what I do.						
5. It is important to me to live in secure surroundings. I						

	Exactly like me	Very much like me	Quite like me	A little like me	Not so much like me	Not like me at all
avoid anything that might endanger my safety.						
6. I think it is important to do lots of different things in life. I always look for new things to try.						
7. I believe that people should do what they're told. I think people should follow rules at all times, even when no-one is watching.						
8. It is important to me to listen to people who are different from me. Even when I disagree with them, I still want to understand them.						
9. I think it is important not to ask for more than what I have. I believe that people should be satisfied with what they have.						
10. I seek every chance I can to have fun. It is important to me to do things that give me pleasure.						
11. It is important to me to make my own decisions about what I do. I like to be free to plan and to choose activities for myself.						
12. It is very important to me to help the people around me. I want to care for their well-being.						
13. Being very successful is important to me. I like to impress other people.						
14. It is very important to me that my country be safe. I think the state must be on watch against threats from within and without.						
15. I like to take risks and am always looking for adventures.						
16. It is important to me to always behave properly. I want						

	Exactly like me	Very much like me	Quite like me	A little like me	Not so much like me	Not like me at all
to avoid doing anything people would say is wrong.						
17. It is important to me to be in charge and tell others what to do. I want people to do what I say.						
18. It is important to me to be loyal to my friends. I want to devote myself to people close to me.						
19. I strongly believe that people should care for nature. Looking after the environment is important to me.						
20. Religious belief is important to me. I try hard to do what my religion requires.						
21. It is important to me that things be organized and clean. I really do not like things to be a mess.						
22. I think it is important to be interested in things. I like to be curious and to try to understand all sorts of things.						
23. I believe all the worlds' people should live in harmony. Promoting peace among all groups in the world is important to me.						
24. I think it is important to be ambitious and I want to show how capable I am.						
25. I think it is best to do things in traditional ways. It is important to me to keep up the customs I have learned.						
26. Enjoying life's pleasures is important to me. I like to 'spoil' myself.						

	Exactly like me	Very much like me	Quite like me	A little like me	Not so much like me	Not like me at all
27. It is important to me to respond to the needs of others. I try to support those I know.						
28. I believe I should always show respect to my parents and to older people. It is important to me to be obedient.						
29. I want everyone to be treated justly, even people I don't know. It is important to me to protect the weak in society.						
30. I like surprises. It is important to me to have an exciting life.						
31. I try hard to avoid getting sick. Staying healthy is very important to me.						
32. Getting ahead in life is important to me. I strive to do better than others.						
33. Forgiving people who have hurt me is important to me. I try to see what is good in them and not to hold a grudge.						
34. It is important to me to be independent. I like to rely on myself.						
35. Having a stable government is important to me. I am concerned that the social order be protected.						
36. It is important to me to be polite to other people all the time. I try never to disturb or irritate others.						
37. I really want to enjoy life. Having a good time is very important to me.						
38. It is important to me to be humble and modest. I try not to draw attention to myself.						

	Exactly like me	Very much like me	Quite like me	A little like me	Not so much like me	Not like me at all
39. I always want to be the one who makes the decisions. I like to be the leader.						
40. It is important to me to adapt to nature and to fit into it. I believe that people should not change nature.						

Mark an 'X' in the box if you have experienced any of the following situations...	In your lifetime	In the last 6 months	Not experienced situation
Death of immediate family member or close friend?			
Became a parent?			
Relationship difficulties/separation from long term partner?			
Started a new relationship / reunited with relations?			
Jail term?			
Dismissal, redundancy or retirement from work?			
Significant change of financial situation?			
Volunteering?			
Change of profession?			
Moved from home country?			
Frontline military service?			
Homelessness?			
Drug or alcohol addiction?			
Mental health problems?			
Other life-changing event?			

Homeless Football

Pret Apprenticeship

Government Work Programme

Crisis Skylight

Other

St Mungo's ONLY

Pathways to Employment

Putting Down Roots

Bricks and Mortar

Woodwork Shop

St Mungo's ONLY

ReVive

Painting and Decorating

ReNew

Music Studio

Survey continues on next page

Section 3

Please read each item and tick the box that comes closest to how you have been feeling this **past week**.

* I feel tense or 'wound up'	Most of the time	<input type="checkbox"/>	
	A lot of the time	<input type="checkbox"/>	
	Occasionally	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
* I still enjoy the things I used to enjoy	Definitely as much		<input type="checkbox"/>
	Not quite so much		<input type="checkbox"/>
	Only a little		<input type="checkbox"/>
	Hardly at all		<input type="checkbox"/>
* I get a sort of frightened feeling as if something awful is about to happen	Very definitely & quite badly	<input type="checkbox"/>	
	Yes, but not too badly	<input type="checkbox"/>	
	A little, but it doesn't worry me	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
* I can laugh and see the funny side of things	As much as always		<input type="checkbox"/>
	Not quite so much now		<input type="checkbox"/>
	Definitely not so much now		<input type="checkbox"/>
	Not at all		<input type="checkbox"/>
* Worrying thoughts go through my mind	A great deal of the time	<input type="checkbox"/>	
	A lot of the time	<input type="checkbox"/>	
	Not too often	<input type="checkbox"/>	
	Very little	<input type="checkbox"/>	
* I feel cheerful	Never		<input type="checkbox"/>
	Not often		<input type="checkbox"/>
	Sometimes		<input type="checkbox"/>
	Most of the time		<input type="checkbox"/>
* I can sit at ease and feel relaxed	Definitely	<input type="checkbox"/>	
	Usually	<input type="checkbox"/>	
	Not often	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
* I feel as if I am slowed down	Nearly all the time		<input type="checkbox"/>
	Very often		<input type="checkbox"/>
	Sometimes		<input type="checkbox"/>
	Not at all		<input type="checkbox"/>

* I get a sort of frightened feeling like 'butterflies' in the stomach	Not at all Occasionally Quite often Very often	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* I have lost interest in my appearance	Definitely I don't take as much care as I should I may not take as much care I take just as much care as ever	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* I feel restless as if I have to be on the move	Very much indeed Quite a lot Not very much Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* I look forward to enjoyment of things	As much as I ever did Rather less than I used to Definitely less than I used to Hardly at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* I get sudden feelings of panic	Very often indeed Quite often Not very often Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* I can enjoy a good book or radio or TV programme	Often Sometimes Not often Very seldom	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section 4

Please mark an 'X' in the box that best describes your present agreement or disagreement with each statement.

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
There is really no way I can solve some of the problems I have.				
Sometimes I feel that I'm being pushed around in life.				
I have little control over the things that happen to me.				
I can do just about anything I really set my mind to.				
I often feel helpless dealing with the problems of life.				
What happens to me in the future mostly depends on me.				
There is little I can do to change many of the important things in my life.				

How many **hours per week** do you **typically spend** with the following people?

Not all options are applicable to all people (e.g. work colleagues), please write 'N' if not applicable.

If there are people in your life that you do not have contact with (e.g. family), please write '0' to indicate no contact

- Homeless friends (*friends that are homeless*):
- Housed Friends (*friends that are not homeless*):.....
- Family:.....
- Paid and unpaid support workers:.....
- Work Colleagues (if applicable):

Mark a 'X' in the box where the statements apply to the people in your life.

I feel that I can...	Homeless Friends		Housed Friends		Family		Support Workers		Work Colleagues		
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
1. trust, talk to frankly and share feelings with;											
2. lean on and turn to in times of difficulty;											
3.get interest, reassurance and a good feeling about myself;											
4. get physical comfort;											
5. resolve unpleasant disagreements if they occur;											

6. get financial and practical help;										
7. get suggestions, advice and feedback;										
8. visit them or spend time with socially;										
9. get help in an emergency;										
10. share interests and hobbies and have fun with.										

Section 5:

Please mark an 'X' with indicating how often you have the **OPPORTUNITY to...**

	Always	Often	Sometimes	Rarely	Never
Help those closest to me.					
Make decisions about my own life.					
Be a leader.					
Succeed in the eyes of others.					
Appreciate and care for the wider world.					
Meet people with different customs and traditions.					
To be safe.					
Do things I enjoy.					
Try new things.					
Do what others expect of me.					

Do you generally trust new people you meet

Yes / No

If you were/are HOMELESS:

How long have you presently been (or were you last) homeless for:years months

Have you ever slept rough (i.e. street/transport hub/other public place):

Yes / No

Have you been homeless more than once:

How long has it been since your first experience of homelessness:years months

Do you think your experience of homelessness has changed what is important to you
Yes / No

Do you think your experience of homelessness has changed the way you view life
Yes / No

Thank you for your participation!

There is a remaining **£450 of vouchers** to be won in **3 future studies**. Your participation will **help us** gain greater insight into what changes in importance for people in their lives.

Would you like to participate in future studies? Yes / No

Appendix N: Revised Questionnaire with PVQ21

Participant ID

What is important to you?

Thank you for agreeing to participate in this University of London study. Please note that all information provided is **anonymous** and treated as **strictly confidential** and we would like you to be as **honest as possible**. We will be sharing overall trends and results from the questionnaires with participating partner organisations but nothing that could identify you in anyway will be passed on. The questionnaire should take approximately 20 minutes to complete. If you have any questions about this survey please ask.

Age:.....

Gender (circle as appropriate): Male / Female

Place of completion (e.g. London, Bath, Glasgow):

Section 1

Below are a number of brief descriptions; please read each description and think about how much it describes you, then **mark an 'X' in the appropriate box**.

	Exactly like me	Very much like me	Quite like me	A little like me	Not so much like me	Not like me at all
1. Thinking up new ideas and being creative is important to me. I like to do things in my own original way.						
2. It is important to me to be rich. I want to have a lot of money and expensive things.						
3. I think it is important that every person in the world be treated equally. I believe everyone should have equal opportunities in life.						
4. It is very important to show my abilities. I want people to admire what I do.						
5. It is important to me to live in secure surroundings. I avoid anything that might endanger my safety.						
6. I like surprises and am always looking for new things to do. I think it is important to do lots of different things in life.						
7. I believe that people should do what they're told. I think people should follow rules at all						

	Exactly like me	Very much like me	Quite like me	A little like me	Not so much like me	Not like me at all
times, even when no-one is watching.						
8. It is important to me to listen to people who are different from me. Even when I disagree with them, I still want to understand them.						
9. I think it is important not to ask for more than what I have. I believe that people should be satisfied with what they have.						
10. Having a good time is important to me. I like to "spoil" myself.						
11. It is important to me to make my own decisions about what I do. I like to be free to plan and to choose activities for myself.						
12. It is very important to me to help the people around me. I want to care for other people.						
13. Being very successful is important to me. I like to impress other people.						
14. It is very important to me that my country be safe from threats from within and without. I am concerned that social order be protected.						
15. I look for adventures and like to take risks. I want to have an exciting life.						
16. It is important to me to always behave properly. I want to avoid doing anything people would say is wrong.						
17. It is important to me to be in charge and tell others what to do. I want people to do what I say.						
18. It is important to me to be loyal to my friends. I want to devote myself to people close to me.						
19. I strongly believe that people should care for nature. Looking after the environment is important to me.						

	Exactly like me	Very much like me	Quite like me	A little like me	Not so much like me	Not like me at all
20. Religious belief is important to me. I try hard to do what my religion requires.						
21. I seek every chance I can to have fun. It is important to me to do things that give me pleasure.						

Please mark an 'X' indicating how often you have the **OPPORTUNITY to...**

	Always	Often	Sometimes	Rarely	Never
Help those closest to me.					
Make decisions about my own life.					
Be a leader.					
Succeed in the eyes of others.					
Appreciate and care for the wider world.					
Meet people with different customs and traditions.					
To be safe.					
Do things I enjoy.					
Try new things.					
Do what others expect of me.					

Section 2

Nationality (e.g. British, Polish etc.):

If not British, how long have you been in the UK for? years _____ months _____

Tick the box that describes the type of **accommodation** you presently live in.

- Homeless (Night shelter, Hostel, Public Place)
- Supported Accommodation (Long term accommodation for homeless people)
- Staying with friends or relatives
- Staying in your own Council Property
- Privately rented or owned accommodation.
- Other. Please specify _____

How many years _____ months _____ have you lived in your current accommodation.

Tick the box that describes your level of education (highest earned or currently enrolled)?

- No schooling
- Some high school, no diploma
- High school/HED
- Some college, no degree
- Technical/trade/vocational training
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree

Tick the box that describes your **employment** status (*tick all boxes that apply*)

- Unemployed
- Volunteering
- Unpaid employment
- Part-time paid employment
- Full-time paid employment
- Self employed
- Retired
- Full time student

How many years _____ months _____ have you had your current employment status.

Section 3

How **effective** do you think support programs (*e.g. training, work placements and social groups*) are at helping unemployed people get and maintain paid work?

- Very effective
- Somewhat effective

Not effective

Have you **ever** participated in a support program?
Yes / No

Are you **currently** participating in a support program?
Yes / No

If you answered 'Yes' to the previous question - **how long** have you been attending?
months ____ days ____

Please tick which of the following programs you have been involved with:

- | | | |
|--|---|---|
| <input type="checkbox"/> Homeless Football | <input type="checkbox"/> St Mungo's Employment Programs | <input type="checkbox"/> Business in The Community's Ready for Work Program |
| <input type="checkbox"/> Pret Apprenticeship | <input type="checkbox"/> Probation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Government Work Program | | |

Mark an 'X' in the box if you have experienced any of the following situations...	In your lifetime	In the last 6 months	Not experienced situation
Death of immediate family member or close friend?			
Became a parent?			
Relationship difficulties/separation from long term partner?			
Started a new relationship / reunited with relations?			
Criminal conviction?			
Jail term?			
Dismissal, redundancy or retirement from work?			
Significant change of financial situation?			
Volunteering?			
Change of profession?			
Moved from home country?			
Frontline military service?			
Homelessness?			
Drug or alcohol addiction?			
Mental health problems?			
Been in care? (e.g. foster care / social services)			
Other life-changing/ event?			

Section 4

Please read each item and tick the box that comes closest to how you have been feeling this **past week**.

* I feel tense or 'wound up'	Most of the time A lot of the time Occasionally Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
* I still enjoy the things I used to enjoy	Definitely as much Not quite so much Only a little Hardly at all		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* I get a sort of frightened feeling as if something awful is about to happen	Very definitely & quite badly Yes, but not too badly A little, but it doesn't worry me Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
* I can laugh and see the funny side of things	As much as always Not quite so much now Definitely not so much now Not at all		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* Worrying thoughts go through my mind	A great deal of the time A lot of the time Not too often Very little	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
* I feel cheerful	Never Not often Sometimes Most of the time		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* I can sit at ease and feel relaxed	Definitely Usually Not often Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
* I feel as if I am slowed down	Nearly all the time Very often Sometimes Not at all		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

* I get a sort of frightened feeling like 'butterflies' in the stomach	Not at all Occasionally Quite often Very often	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* I have lost interest in my appearance	Definitely I don't take as much care as I should I may not take as much care I take just as much care as ever	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* I feel restless as if I have to be on the move	Very much indeed Quite a lot Not very much Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* I look forward to enjoyment of things	As much as I ever did Rather less than I used to Definitely less than I used to Hardly at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* I get sudden feelings of panic	Very often indeed Quite often Not very often Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* I can enjoy a good book or radio or TV programme	Often Sometimes Not often Very seldom	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section 5

Please mark an 'X' in the appropriate box. Select N/A if the group doesn't apply to you (e.g. work colleagues).

How many often do you typically speak to or spend time with the following people?	Daily	Weekly	Monthly	Yearly	Never	N/A
Homeless friends (<i>friends that are homeless</i>)						
Housed Friends (<i>friends that are not homeless</i>)						
Family						
Paid and unpaid support workers						
Work Colleagues						

Please mark an 'X' in the appropriate box. Please leave blank if you marked N/A to the group in the previous question.

	Homeless Friends		Housed Friends		Family		Support Workers		Work Colleague	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
I feel that I can...										
trust, talk to frankly and share feelings with;										
lean on and turn to in times of difficulty;										
get interest, reassurance and a good feeling about myself;										
get physical comfort;										
resolve unpleasant disagreements if they occur;										
get financial and practical help;										
get suggestions, advice and feedback;										
visit them or spend time with socially;										
get help in an emergency;										
share interests and hobbies and have fun with.										

Section 6

Please mark an 'X' in the box that best describes your present agreement or disagreement with each statement.

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
There is really no way I can solve some of the problems I have.				
Sometimes I feel that I'm being pushed around in life.				
I have little control over the things that happen to me.				
I can do just about anything I really set my mind to.				
I often feel helpless dealing with the problems of life.				
What happens to me in the future mostly depends on me.				
There is little I can do to change many of the important things in my life.				

Do you generally trust new people you meet Yes / No

If you were/are HOMELESS:

How long have you presently been (or were you last) homeless for:years months

Have you ever slept rough (i.e. street/transport hub/other public place): Yes / No

Have you been homeless more than once: Yes / No

How long has it been since your first experience of homelessness:years months

Do you think your experience of homelessness has changed what is important to you Yes / No

Do you think your experience of homelessness has changed the way you view life Yes / No

Thank you for your participation!

There is a remaining **£450 of vouchers** to be won in **3 future studies**. Your participation will **help us** gain greater insight into what changes in importance for people in their lives.

Would you like to participate in future studies? Yes / No

If you answered 'Yes' to the previous question, **please ensure that you have provided contact details** on the consent page.

Appendix O: PVQ21 and PVQ40 questionnaire item equivalence

Comparisons and overlap of items between the PVQ21 and PVQ40

	<i>PVQ21</i>	<i>PVQ40 – original</i>	<i>PVQ40 – revised for PVQ21 equivalence</i>
Conformity	7,16	7, 16, 28, 36	7, 16
Tradition	9,20	9, 20, 25, 38	9, 20
Benevolence	12,18	12, 18, 27, 33	12, 18
Universalism	3,8,19	3, 8, 19, 23, 29, 40	3, 8, 19
Self-Direction	1,11	1, 11, 22, 34	1, 11
Stimulation	6,15	6, 15, 30	6, 15, 30
Hedonism	10,21	10, 26, 37	10, 26,
Achievement	4,13	4, 13, 24, 32	4, 13
Power	2,17	2, 17, 39	2, 17
Security	5,14	5, 14, 21, 35	5, 14,

Discrepancies in the text of questionnaire items are italicised.

PVQ21 questionnaire item	Related Value	PVQ40 questionnaire item	Related Value
1. Thinking up new ideas and being creative is important to me. I like to do things in my own original way.	Self-Direction	1. Thinking up new ideas and being creative is important to me. I like to do things in my own original way.	Self-Direction
2. It is important to me to be rich. I want to have a lot of money and expensive things.	Power	2. It is important to me to be rich. I want to have a lot of money and expensive things.	Power
3. I think it is important that every person in the world be treated equally. I believe everyone should have equal opportunities in life.	Universalism	3. I think it is important that every person in the world be treated equally. I believe everyone should have equal opportunities in life.	Universalism

PVQ21 questionnaire item	Related Value Value	PVQ40 questionnaire item	Related Value
4. It is very important to show my abilities. I want people to admire what I do.	Achievement	4. It is very important to show my abilities. I want people to admire what I do.	Achievement
5. It is important to me to live in secure surroundings. I avoid anything that might endanger my safety.	Personal Security	5. It is important to me to live in secure surroundings. I avoid anything that might endanger my safety.	Personal Security
6. <i>I like surprises</i> and am always looking for new things to do. I think it is important to do lots of different things in life.	Stimulation	6. I think it is important to do lots of different things in life. I always look for new things to try.	Stimulation
7. I believe that people should do what they're told. I think people should follow rules at all times, even when no-one is watching.	Conformity	7. I believe that people should do what they're told. I think people should follow rules at all times, even when no-one is watching.	Conformity
8. It is important to me to listen to people who are different from me. Even when I disagree with them, I still want to understand them.	Universalism	8. It is important to me to listen to people who are different from me. Even when I disagree with them, I still want to understand them.	Universalism
9. I think it is important not to ask for more than what I have. I believe that people should be satisfied with what they have.	Tradition	9. I think it is important not to ask for more than what I have. I believe that people should be satisfied with what they have.	Tradition
10. <i>Having a good time is important to me. I like to "spoil" myself.</i>	<i>Hedonism</i>	10. <i>I seek every chance I can to have fun. It is important to me to do things that give me pleasure.</i>	<i>Hedonism</i>
11. It is important to me to make my own decisions about what I do. I like to be free to plan and to choose activities for myself.	Self-direction	11. It is important to me to make my own decisions about what I do. I like to be free to plan and to choose activities for myself.	Self-direction
12. It is very important to me to help the people around me. I want to care for other people.	Benevolence	12. It is very important to me to help the people around me. I want to care for their well-being.	Benevolence
13. Being very successful is important to me. I like to impress other people.	Achievement	13. Being very successful is important to me. I like to impress other people.	Achievement
14. It is very important to me that my country be safe from threats from within and without. <i>I am</i>	Societal security	14. It is very important to me that my country be safe. <i>I think the state must be on</i>	Societal security

PVQ21 questionnaire item	Related Value Value	PVQ40 questionnaire item	Related Value
<i>concerned that social order be protected.</i>		<i>watch</i> against threats from within and without.	
15. I look for adventures and like to take risks. <i>I want to have an exciting life.</i>	Stimulation	15. I like to take risks and am always looking for adventures.	Stimulation
16. It is important to me to always behave properly. I want to avoid doing anything people would say is wrong.	Conformity	16. It is important to me to always behave properly. I want to avoid doing anything people would say is wrong.	Conformity
17. It is important to me to be in charge and tell others what to do. I want people to do what I say.	Power	17. It is important to me to be in charge and tell others what to do. I want people to do what I say.	Power
18. It is important to me to be loyal to my friends. I want to devote myself to people close to me.	Benevolence	18. It is important to me to be loyal to my friends. I want to devote myself to people close to me.	Benevolence
19. I strongly believe that people should care for nature. Looking after the environment is important to me.	Universalism - nature	19. I strongly believe that people should care for nature. Looking after the environment is important to me.	Universalism - nature
20. Religious belief is important to me. I try hard to do what my religion requires.	Tradition	20. Religious belief is important to me. I try hard to do what my religion requires.	Tradition
21. <i>I seek every chance I can to have fun. It is important to me to do things that give me pleasure.</i>	<i>Hedonsim</i>	21. <i>It is important to me that things be organized and clean. I really do not like things to be a mess.</i>	<i>Security</i>
		22. I think it is important to be interested in things. I like to be curious and to try to understand all sorts of things.	Self-direction
		23. I believe all the worlds' people should live in harmony. Promoting peace among all groups in the world is important to me.	Universalism
		24. I think it is important to be ambitious and I want to show how capable I am.	Achievement
		25. I think it is best to do things in traditional ways. It is important to me to keep up the customs I have learned.	Tradition

PVQ21 questionnaire item	Related Value Value	PVQ40 questionnaire item	Related Value
		26. <i>Enjoying life's pleasures is important to me. I like to 'spoil' myself.</i>	Hedonism
		27. It is important to me to respond to the needs of others. I try to support those I know.	Benevolence
		28. I believe I should always show respect to my parents and to older people. It is important to me to be obedient.	Conformity
		29. I want everyone to be treated justly, even people I don't know. It is important to me to protect the weak in society.	Universalism
		30. <i>I like surprises. It is important to me to have an exciting life.</i>	Stimulation
		31. I try hard to avoid getting sick. Staying healthy is very important to me.	Security
		32. Getting ahead in life is important to me. I strive to do better than others.	Achievement
		33. Forgiving people who have hurt me is important to me. I try to see what is good in them and not to hold a grudge.	Benevolence
		34. It is important to me to be independent. I like to rely on myself.	Self-direction
		35. <i>Having a stable government is important to me. I am concerned that the social order be protected.</i>	Security
		36. It is important to me to be polite to other people all the time. I try never to disturb or irritate others.	Conformity
		37. <i>I really want to enjoy life. Having a good time is very important to me.</i>	Hedonism
		38. It is important to me to be humble and modest. I try not to draw attention to myself.	Conformity

PVQ21 questionnaire item	Related Value Value	PVQ40 questionnaire item	Related Value
		39. I always want to be the one who makes the decisions. I like to be the leader.	Power
		40. It is important to me to adapt to nature and to fit into it. I believe that people should not change nature.	Universalism

Appendix P: CFA fit indices for psychological measures

Appendix P1: CFA Fit Indexes for Values by Housing Status

PVQ19 Scale	n	Standardized Loadings				
		(full sample)	(Ungrouted)	(Homeless)	(Low SES)	
		1008	324	112	108	
					104	
Benevolence						
12. It is very important to me to help the people around me. I want to care for other people.		0.75	0.75	0.60	0.82	0.76
18. It is important to me to be loyal to my friends. I want to devote myself to people close to me.		0.60	0.51	0.66	0.56	0.51
Universalism						
3. I think it is important that every person in the world be treated equally. I believe everyone should have equal opportunities in life.		0.53	0.61	0.46	0.55	0.56
8. It is important to me to listen to people who are different from me. Even when I disagree with them, I still want to understand them.		0.65	0.59	0.69	0.50	0.64
19. I strongly believe that people should care for nature. Looking after the environment is important to me.		0.49	0.53	0.37	0.62	0.45
Self-Direction						
1. Thinking up new ideas and being creative is important to me. I like to do things in my own original way.		0.61	0.53	0.41	0.45	0.65
11. It is important to me to make my own decisions about what I do. I like to be free to plan and to choose activities for myself.		0.54	0.57	0.87	0.45	0.50
Stimulation						
6. I like surprises and am always looking for new things to do. I think it is important to do lots of different things in life.		0.69	0.68	0.67	0.68	0.70
15. I look for adventures and like to take risks. I want to have an exciting life.		0.71	0.72	0.70	0.87	0.61
Achievement						
4. It is very important to show my abilities. I want people to admire what I do.		0.67	0.62	0.50	0.80	0.70
13. Being very successful is important to me. I like to impress other people.		0.82	0.81	0.68	0.75	0.85
Power						
2. It is important to me to be rich. I want to have a lot of money and expensive things.		0.65	0.60	0.47	0.57	0.63
17. It is important to me to be in charge and tell others what to do. I want people to do what I say.		0.63	0.63	0.70	0.69	0.56

<i>PVQ19 Scale</i>	<i>Standardized Loadings (Full sample)</i>	<i>Standardized Loadings (Ungrouped)</i>	<i>Standardized loadings (Homeless)</i>	<i>Standardized Loadings (Low SES)</i>	<i>Standardized loadings (Gen Pop)</i>
<i>Security</i>					
5. It is important to me to live in secure surroundings. I avoid anything that might endanger my safety.	0.61	0.60	0.55	0.79	0.57
14. It is very important to me that my country be safe from threats from within and without. I am concerned that social order be protected.	0.62	0.63	0.81	0.55	0.66
<i>Conformity</i>					
7. I believe that people should do what they're told. I think people should follow rules at all times, even when no one is watching.	0.77	0.79	0.96	0.58	0.72
16. It is important to me to always behave properly. I want to avoid doing anything people would say is wrong.	0.73	0.74	0.62	0.74	0.69
<i>Tradition</i>					
9. I think it is important not to ask for more than what I have. I believe that people should be satisfied with what they have.	0.59	0.47	0.29	0.44	0.58
20. Religious beliefs are important to me. I try hard to do what my religion requires.	0.51	0.58	0.39	0.84	0.44
<i>Self-Transcendence</i>					
3. I think it is important that every person in the world be treated equally. I believe everyone should have equal opportunities in life.	0.50	0.58	0.46	0.58	0.72
8. It is important to me to listen to people who are different from me. Even when I disagree with them, I still want to understand them.	0.62	0.58	0.55	0.51	0.67
12. It is very important to me to help the people around me. I want to care for other people.	0.68	0.65	0.57	0.70	0.64
18. It is important to me to be loyal to my friends. I want to devote myself to people close to me.	0.56	0.43	0.61	0.46	0.21
19. I strongly believe that people should care for nature. Looking after the environment is important to me.	0.48	0.53	0.30	0.69	0.68
<i>Openness to Change</i>					
1. Thinking up new ideas and being creative is important to me. I like to do things in my own original way.	0.53	0.47	0.38	0.56	0.52
6. I like surprises and am always looking for new things to do. I think it is important to do lots of different things in life.	0.69	0.68	0.63	0.73	0.53
11. It is important to me to make my own decisions about what I do. I like to be free to plan and to choose activities for myself.	0.41	0.42	0.34	0.52	0.54
15. I look for adventures and like to take risks. I want to have an exciting life.	0.66	0.66	0.69	0.79	0.37

<i>PVQ19 Scale</i>	<i>Standardised Loadings (Full sample)</i>	<i>Standardised Loadings (Ungrouped)</i>	<i>Standardised loadings (Homeless)</i>	<i>Standardised Loadings (Low SES)</i>	<i>Standardised loadings (Gen Pop)</i>
<i>Self Enhancement</i>					
2. It is important to me to be rich. I want to have a lot of money and expensive things.	0.58	0.52	0.36	0.55	0.61
4. It is very important to show my abilities. I want people to admire what I do.	0.65	0.59	0.44	0.79	0.66
13. Being very successful is important to me. I like to impress other people.	0.81	0.79	0.79	0.74	0.88
17. It is important to me to be in charge and tell others what to do. I want people to do what I say.	0.58	0.60	0.58	0.65	0.50
<i>Conservation</i>					
5. It is important to me to live in secure surroundings. I avoid anything that might endanger my safety.	0.53	0.61	0.50	0.70	0.52
7. I believe that people should do what they're told. I think people should follow rules at all times, even when no-one is watching.	0.73	0.39	0.86	0.60	0.81
9. I think it is important not to ask for more than what I have. I believe that people should be satisfied with what they have.	0.51	0.76	0.35	0.43	0.21
14. It is very important to me that my country be safe from threats from within and without. I am concerned that social order be protected.	0.55	0.61	0.62	0.61	0.59
16. It is important to me to always behave properly. I want to avoid doing anything people would say is wrong.	0.72	0.74	0.65	0.77	0.83
20. Religious beliefs are important to me. I try hard to do what my religion requires.	0.47	0.48	0.41	0.64	0.30
<i>a. All factor loadings significant at $p < .001$. b. R^2 for each item can be calculated by squaring the standardised loadings; the closer R^2 is to 1, the more the latent factor explains of the items variance.</i>					

Appendix P2: CFA Fit Indexes for Mental Health by Housing Status

<i>HADS Scales</i>	<i>n</i>	<i>Standardised Loadings (Ungrouped)</i>	<i>Standardised loadings (Homeless)</i>	<i>Standardised Loadings (Low SES)</i>	<i>Standardised loadings (Gen Pop)</i>
<i>Anxiety</i>					
1. I feel tense or 'wound up'		0.62	0.65	0.70	0.70
2. I get a sort of frightened feeling as if something awful is about to happen		0.49	0.75	0.73	0.76
3. Worrying thoughts go through my mind		0.54	0.73	0.74	0.79
4. I can sit at ease and feel relaxed		0.84	0.59	0.59	0.67
5. I get a sort of frightened feeling like 'butterflies' in the stomach		0.47	0.55	0.52	0.60
6. I feel restless as if I have to be on the move		0.27	0.44	0.49	0.51
7. I get sudden feelings of panic		0.50	0.72	0.73	0.78
<i>Depression</i>					
1. I still enjoy the things I used to enjoy		0.87	0.54	0.63	0.65
2. I can laugh and see the funny side of things		0.88	0.59	0.64	0.66
3. I feel cheerful		0.80	0.62	0.63	0.71
4. I feel as if I am slowed down		0.62	0.50	0.58	0.57
5. I have lost interest in my appearance		0.56	0.45	0.46	0.49
6. I look forward to enjoyment of things		0.97	0.60	0.71	0.74
7. I can enjoy a good book or radio or TV programme		0.66	0.42	0.48	0.53
<i>Mental Health</i>					
1. I feel tense or 'wound up'		0.62	0.63	0.79	0.71
2. I get a sort of frightened feeling as if something awful is about to happen		0.80	0.72	0.61	0.69
3. Worrying thoughts go through my mind		0.78	0.74	0.62	0.75
4. I can sit at ease and feel relaxed		0.39	0.53	0.59	0.76
5. I get a sort of frightened feeling like 'butterflies' in the stomach		0.54	0.56	0.51	0.55
6. I feel restless as if I have to be on the move		0.55	0.41	0.46	0.47
7. I get sudden feelings of panic		0.80	0.72	0.69	0.70
1. I still enjoy the things I used to enjoy		0.55	0.38	0.49	0.57
2. I can laugh and see the funny side of things		0.56	0.28	0.58	0.58
3. I feel cheerful		0.78	0.50	0.62	0.66
4. I feel as if I am slowed down		0.80	0.58	0.63	0.55
5. I have lost interest in my appearance		0.57	0.43	0.42	0.47
6. I look forward to enjoyment of things		0.60	0.31	0.50	0.67
7. I can enjoy a good book or radio or TV programme		0.46	0.26	0.40	0.47

a. All factor loadings significant at $p < .001$; b. R^2 for each item can be calculated by squaring the standardised loadings; the closer r^2 is to 1, the more the latent factor explains of the items variance.

Appendix P3: CFA Fit Indexes for Self-mastery by Housing Status

<i>Self-Mastery</i>	<i>Standardised loadings (Homeless)</i> <i>n=226</i>	<i>Standardised Loadings (Low SES)</i> <i>n=181</i>	<i>Standardised loadings (Gen Pop)</i> <i>n=350</i>
1. There is really no way I can solve some of the problems I have.	0.59	0.68	0.68
2. Sometimes I feel that I'm being pushed around in life.	0.64	0.70	0.69
3. I have little control over the things that happen to me.	0.72	0.80	0.79
4. I can do just about anything I really set my mind to.	0.26	0.30	0.29
5. I often feel helpless dealing with the problems of life.	0.63	0.62	0.69
6. What happens to me in the future mostly depends on me.	0.24	0.29	0.31
7. There is little I can do to change many of the important things in my life.	0.60	0.65	0.68

Appendix P4: CFA Fit Indexes for Social Support* by Housing Status

<i>Social Support</i>	<i>Standardised Loadings (Ungrouped)</i>	<i>Standardised loadings (Homeless)</i>	<i>Standardised Loadings (Low SES)</i>	<i>Standardised loadings (Gen Pop)</i>
	737	196	171	339
<i>Emotional Support</i>				
1. trust, talk to frankly and share feelings with;	0.91	0.95	0.92	0.86
2. lean on and turn to in times of difficulty;	0.96	0.97	0.96	0.94
3. get interest, reassurance and a good feeling about myself;	0.93	0.96	0.96	0.94
4. get physical comfort;	0.89	0.94	0.88	0.85
5. resolve unpleasant disagreements if they occur;	0.90	0.95	0.89	0.84
<i>Practical Support</i>				
1. get financial and practical help;	0.88	0.94	0.91	0.77
2. get suggestions, advice and feedback;	0.95	0.96	0.94	0.93
3. visit them or spend time with socially;	0.93	0.97	0.87	0.89
4. get help in an emergency;	0.96	0.98	0.92	0.96
5. share interests and hobbies and have fun with.	0.89	0.90	0.86	0.89

*Family social support items used for the purposes of CFA.

Appendix Q: Gender differences between groups in the cross-sectional study.

Homeless participants were significantly more likely to be male than housed participants $\chi^2(2) = 18.60, p < .001$. Pearson correlations (two-tailed) were run with gender (males = 0, females = 1), value preferences, self-mastery and mental health. Similar to findings in Schwartz and Rubel (2005), when looking at homeless and housed groups together, women valued stimulation significantly less than men $r(319) = -.174, p < .001$ and universalism $r(320) = .188, p < .001$ and benevolence $r(314) = .154, p = .006$ significantly more than men however none of the other differences in values were found. When looking at the larger homeless sample, consistent with previous research (Schwartz & Rubel, 2005), women valued universalism $r(417) = .164, p < .001$, self-direction $r(417) = .106, p = .03$ and security $r(417) = .113, p = .02$ more than men; and power $r(417) = -.144, p = .003$, achievement $r(417) = -.096, p = .05$ and conformity $r(417) = -.137, p = .005$ significantly less than men.

Women also reported significantly lower levels of mental health than men when looking at homeless and housed groups together $r(313) = -.161, p < .01$ and this finding was consistent in the larger homeless sample $r(415) = -.210, p < .001$. While large scale studies have found no differences in broad spectrum mental health diagnosis and gender, women are more prone to internalising (i.e. turning problematic feelings inward against the self) and therefore generally report higher levels of anxiety and depression (Rosenfield & Smith, 2009) which are the mental health markers in this study. Although self-mastery is often associated with mental health, gender did not have a significant relationship with self-mastery when testing across homeless and

house groups. Women, however, reported significantly lower levels of self-mastery than men in the larger homeless sample $r(402) = -.115, p = .02$.

Appendix R: Life Experiences by Housing Group

	<i>Homeless</i>	<i>Low SES</i>	<i>General</i>
Death of immediate family member or close friend	96	76	74
Became a parent	53	46	33
Relationship difficulties/separation from long term partner	86	53	60
Started a new relationship / reunited with relations	46	41	71
Criminal conviction	8	2	0
Jail term	35	13	0
Dismissal, redundancy or retirement from work	47	35	38
Significant change of financial situation	80	58	52
Volunteering	67	64	65
Change of profession	60	53	50
Moved from home country	35	23	42
Frontline military service	15	3	0
Homelessness	106	0	0
Drug or alcohol addiction	61	12	4
Mental health problems	58	24	29
Been in care (e g foster care / social services)	4	0	0
Other life-changing event	55	36	49
Total	912	539	567

Appendix S: Correlations between Opportunity to Express Values and Value Preferences for full Wave 1 Sample

		Value Preferences								
		Power	Achievement	Stimulation	Self-direction	Universalism	Benevolence	Tradition	Conformity	Security
Opportunity to Express Values	Power	.141***	.076**	-.135***	-.080**	-.164***	-.093**	-.110**	-.020	-.168***
	Achievement	.214***	.276***	.134**	.118***	-.053	.009	.055	.129***	.031
	Stimulation	.209***	.180***	.277***	.235***	.112***	.086**	.208***	-.105***	.004
	Self-direction	-.067*	-.128***	-.053	.000	-.105***	-.074*	-.084**	-.180***	-.138***
	Universalism	-.188***	-.212***	-.083*	-.104***	.119***	-.100**	.009	-.056	-.037
	Benevolence	-.084**	-.068*	-.026	-.067*	.045	.109***	-.034	.018	.001
	Tradition	-.034	-.046	.010	-.019	.064*	.064*	.066*	.006	.030
	Conformity	-.077*	.024	.023	.005	-.017	.021	-.002	.189***	.167***
	Security	-.128***	-.112***	-.161***	-.072*	-.026	-.002	-.148***	.003	.113***

Notes: * $p < .05$. ** $p < .01$. *** $p < .001$. $r =$ Pearson Correlation (2-tailed). Sample size for comparisons ranges between 927 and 941 participants.