Feasibility and acceptability of an intervention for enhancing reintegration in adults with experience of homelessness.

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Abstract

Background: Service centres for homeless adults are potential settings for implementation of reintegration interventions. This study aimed to evaluate 1) the acceptability of a group-based programme among individuals from the broad population of homeless people, and 2) if a future study of its feasibility and acceptability for re-housed homeless people is warranted.

Method: Recruiting participants and intervention facilitators from partnering service centres was thought to improve recruitment and retention, cost-effectiveness, and social interactions compared to professional-led interventions. Seven adults with experience of homelessness (3 females, 4 males, mean age 39 years, range 18-63) were recruited to participate in the intervention. The research protocol comprised completion pre/post of scales (Recovering Quality of Life questionnaire; Working Alliance Inventory-short form revised, WAI-SR) and focus groups, and WAI-SR and focus groups after sessions 3 and 6.

Results: The intervention and research protocols were feasible, with all participants engaging in all sessions, completing all scales and attending all focus groups. The quantitative data demonstrated the feasibility of obtaining practically useful measures of relevant outcomes. In the 4 focus groups, the intervention received very favourable feedback.

Conclusions: This study demonstrated initial feasibility and acceptability of an intervention that places minimal burden on infrastructure and promotes user autonomy. This is an important advance as there is increasing recognition that the challenge of reintegration is as much a psychological and social problem as a housing problem. If effective, this style of intervention may serve as a template for future interventions with similar populations.

Keywords: Homelessness; Adults; Community reintegration; Intervention; Feasibility/acceptability

Introduction

The devastating experience of life in homelessness can lead to difficulties forming social connections that meet people's basic needs, which in turn impedes reintegration. Reintegration, in the context of homelessness, refers to "the extent to which formerly homeless people are able to live, work, learn and participate in their communities to the extent that they wish to, and with as many opportunities as other community members". [1p5] Indeed, objective loneliness, or a limited network of "friends and acquaintances that can provide a sense of belonging, of companionship and of being a member of a community", [2p504] affects wellbeing across populations. [3] Perceived loneliness is related to the quality rather than quantity of social connections and reduces opportunities to maintain social relationships. [4] In their prospective study of mortality risk, Elovainio and colleagues [5] reported links between poor social connections and increased mortality risk. Socioeconomic adversity was a significant predictor of the excess mortality risk.

Notwithstanding, socioeconomic adversity is not a homogeneous classification and evidence confirms that people who are homeless have poorer social connections compared to their housed counterparts. [6] Although poor social connections among the homeless impact negatively on the rate of reintegration, [7] the relationship between social connections and reintegration remains an under-researched topic. [8-9]

People who are homeless have limited access to health care. [10] Barriers include competing priorities (hunger, housing), language barriers, and lack of trust in health care providers. [11] Hence the development of specifically tailored interventions for homeless people, for example, assertive community treatment [12-13] and the St Mungo's LifeWorks. [14] A review of service provision for homeless individuals in 14 European countries concluded that homeless-specific services improved individuals' service engagement. [11] Throughout the western world, Housing First (HF) interventions offer supported housing to chronically

homeless individuals. [15] However, as yet only limited evidence suggests that HF enhances reintegration. [1] Psychologically Informed Environment (PIE) is an intervention which targets needs in the broader homeless population through developing hostels into environments which support the psychological needs of service users. [16] Support for PIE has been presented however some have cautioned about the economic costs associated with implementing PIEs [1] Summing up, these examples of interventions to combat homelessness show forcibly the need for programme*s* to enhance reintegration among adults with experience of homelessness.

In preparation of a programme to enhance reintegration, we undertook informal discussions with members of the homeless population and a narrative review of 30 support centres for homeless adults across East Midlands, UK. This initial research confirmed the critical role of social connections for people who are homeless, and that the care providers ideally should "meet (homeless) people where they are" [17p69]. We identified two support centres, Emmanuel House service centre for homeless adults and Services for Empowerment and Advocacy (SEA) in Nottingham, whose mission is to provide a supportive, inclusive environment for local people with experience of homelessness in their attempts to explore new endeavours. [18-20] In partnership with end-users (service-users, staff/volunteers) at Emmanuel House and SEA we developed a group-based programme for adults with experience of homelessness. Given that our participants belonged to a vulnerable population, the primary study aim was to evaluate the acceptability of the programme and study procedures for individuals from the general population of homeless people and our ability to deliver them in practice. A second aim was to determine if a future study of the programme's feasibility and acceptability for re-housed homeless people was warranted. We also assessed the feasibility of recruitment approaches, data collection procedures and collection of data, including sample characteristics. A preliminary analysis of participant responses to the

programme focusing on description of the data collected, and ability and willingness to complete the measures is included.

Method

Design

The article reports on the *feasibility/acceptability of the* programme, using the UK Medical Research Council (MRC) Framework for complex interventions. [19] The evaluation used a single arm, pre-test post-test design with 7 adults. A small sample was chosen since it was an initial study to examine if we would be able to deliver the programme according to plan, and if the programme is acceptable for people from a vulnerable population whilst statistical inference about outcomes was not a study aim. [20] The developmental phase was completed prior to the current study and is summarised below.

Programme development

The programme development used a community-centred strategy and was embedded in the individuals' peer and community contexts: [18]

a) A review of the literature on interventions for people with experience of homelessness;

b) The review findings guided the development of schedules for focus groups and informal conversations with end-users;

c) Data from the focus groups and informal conversations were used to verify the relevance of the findings from the literature review;

d) The format and content of the programme was developed, guided by the literature review and the data from focus groups and informal conversations;

e) The programme's theoretical foundation was drawn from the Behaviour Change Wheel (BCW), [21] which has been used across a broad range of populations, including

homeless people [22] and women from ethnic minority groups. [23] The BCW builds on the assumption that for any behaviour-change to occur, the individual concerned must have the *capability* (knowledge and skills), *opportunity* (environmental, social, and financial), and *motivation* (automatic and reflective) to enact the behaviour-change. From BCW, we selected interventions that address limited capability and motivation (e.g., learning, enablement, modelling). In addition, the programme was designed to facilitate a working alliance (WA) between participant/s and facilitator/s. [24] WA with its focus on the bond and agreement on tasks and goals between participants and facilitators has been shown to be important for the success of group interventions across a variety of populations. [25] Thirdly, the programme draws on principles of inclusivity [26-28] and an understanding of the dire impact of social isolation on people who are homeless, developed from theories about belonging as a *fundamental* human need. [29]

Programme description. The programme provided opportunity to strengthen motivation and capability to change self-selected behaviours and to work on barriers to the chosen behaviour-change, using three intervention functions; education, training, and modelling. Therefore, the programme sidestepped the task to decide which behaviour/s should be targeted, based on the assumption that the participant would have better opportunity to achieve behaviour-change if the behaviour/s were self-selected. [30] The group-format aimed to provide opportunity to learn from both facilitators and peers.

Programme format and content. The programme comprised 8 two-hour sessions, spread over 4 weeks, where participants were invited to discuss their selected problem-behaviour in the context of everyday experiences:

Session 1. What are some unwanted mood states (low mood, anxiety, inability to be happy/interested); experience of lacking something (willpower, ability to make plans), and unwanted behaviour (aggression, submissiveness, withdrawal from others)? Agreement on which behaviour/s each participant will work on changing during the programme.

Session 2. What are some thoughts, feelings, and behaviour that trigger unwanted mood states or behaviours?

Session 3. Noticing triggers of personal risk factors (e.g., feeling helpless, lonely, using avoidant behaviour).

Session 4. Exploring consequences of thoughts, feelings, and behaviour that trigger risk factors - short and long term.

Session 5. Developing techniques to manage thoughts, feelings, and behaviour that trigger risk factors.

Session 7. Developing a personal toolbox to manage thoughts, feelings, and behaviour that trigger risk factors.

Session 7. Sharing general and specific learnings from developing a personal toolbox in the group.

Session 8: Exploring 'How would I react?' Practicing making smart choices in difficult situations.

Procedures

Ethics. Ethical approval was granted from Nottingham Trent University's College of Business, Law and Social Sciences Research Ethics Committee.

Sample recruitment. Participants and facilitators were recruited from partnering service centres. This was thought to improve recruitment rate and retention, cost-effectiveness, and

social interactions when compared to professional-led interventions. Eligible individuals were adults (18 years-) with experience of homelessness who were able to read and understand English at a level that enabled participation in the programme and understanding the participant information, and who showed interest in participating. There were no additional exclusion criteria because inclusivity is central to the values of the research aims. Those who signed an informed consent form were enrolled. Facilitators were recruited among staff and individuals with experience of homelessness at partnering service centres.[31-32] Before the programme delivery, the facilitators received three training workshops, which covered, for example, enhancement of rapport with participants and finding a balance between intervention tasks and the group's wellbeing. Throughout the delivery, the facilitators were in regular contact with its main developer (the first author), which ensured that the programme was delivered with a high level of fidelity. As recommended when researching hard-to-reach populations, participants and peer facilitators received a financial incentive upon completion of questionnaires and focus groups. [33]

Sample characteristics. The study recruited 7 adults, mean age 39 years ($SD = 12.8$, ranging from 18-63), with experience of homelessness (3 females, 4 males) to participate in the programme. All participants reported unstable housing, unemployment, few social contacts, and experience of traumatic event/s. Six participants disclosed poor mental health, two disclosed drug dependencies, and a single participant reported gambling problems, childhood abuse, and domestic violence, respectively.

Facilitators. Our provisional plan to use 4 facilitators (2 staff, 2 peers) was exceeded by 1 in this study where three (2 females, 1 male) were staff and 2 males had experience of homelessness.

Feasibility/acceptability evaluation. Feasibility was assessed by success of proposed recruitment approaches; whether the programme (adherence; number of sessions attended) and research protocol (perceived burden of the research elements; level of missing data and dropout) were delivered as designed. Acceptability for participants was assessed pre/post and after sessions 3 and 6.

Data collection. Recovering Quality of Life questionnaire (REQOL); [34] Working Alliance Inventory-short form revised (WAI-SR), [35] and focus groups were administered pre/post. WAI-SR and focus groups were administered after sessions 3 and 6. The 10-question REQOL evaluates the recovery process in individuals with mental health problems. The 12-question WAI-SR measures working alliance, defined as agreement on the goals, tasks, and bond of the treatment. REQOL and WAI-SR have adequate psychometric properties. [34; 36]

Quantitative analysis

Questionnaire data were analysed using descriptive statistics. To help reveal whether measurable behaviour-change was potentially present following the programme we calculated difference-adjusted within-subjects confidence intervals for the overall mean for each outcome measure. [37]

Qualitative analysis

To assess acceptability, participants took part in focus groups before and after the programme, and after sessions 3 and 6. The focus group sessions were transcribed and analysed using thematic analysis.

<center>**Results**</center>

Feasibility

Seven individuals were invited, consented and attended all sessions. In the initial session, all participants jointly agreed to work on changing 2 problem-behaviours: exercise more controlled behaviours in conflicts, show more assertive behaviour. The research protocol (questionnaires and focus groups) were delivered as designed with minimal level of missing data (< 1%).

Acceptability

Quantitative analysis. Although the patterns of change on all scores were noisy (as would be expected in small samples), the data were broadly consistent with gradual change over time – particularly on Goal, Task and REQOL. Although there was evidence of positive change for Bond, the pattern was more variable. See *Figure 1*.

(Figure 1 ABOUT HERE)

The mean pre-post change for Task was 5.3, 95% CI [2.2, 8.3]. For Goal, it was 3.57, 95% CI [1.5, 5.6] and for REQOL, it was 4.86, 95% CI [0.5, 9.2]. For Bond, the mean change was 1.86, 95% CI [-0.2, 4.0].

Qualitative analysis. Two themes emerged from analysing the 4 focus groups: *Positive changes* (subthemes: Practical skills attainment; Relationship skills attainment), and *Little to no change*. Here we report on the themes, illustrated with verbatim quotes. Each quote is followed by identifications of the participant and session (e.g., Participant 3 in the 2nd focus group=P3, FG2).

Positive changes: Practical skills attainment. Participants perceived that during participating in the programme they learned new techniques of managing difficult experiences. The following quote illustrates how P3 feels that s/he had learned to handle their temper better:

> Before if someone said something bad to me I'd probably lash out…but now I don't. I tend to let a few things just go over my head. (P3, FG4)

In this quote, P3 explains that the programme had helped them to manage their behaviour differently when feeling overwhelmed. P3 perceives that, following the programme, s/he can both distance themselves ("I just walk away") and "talk about things, instead of arguing" (P3, PG4). Others recognised that they "tended to be calmer" (P9, FG4) when they "stepped back and evaluated it [the problem]" (P4, FG4). Other participants perceived that they acted more assertively after the programme. In the quote below P5 explains how s/he made use of what s/he had learnt from the programme ['course'].

> Before the course, I was avoiding that [name] who I live with, because I thought best to keep out of her way because she'll hit me. But now, not only I don't avoid her. I make a point, not getting in her face exactly, but being about. (P5, FG4)

In this quote, P5 discusses what s/he perceives to be an important gain from the programme; s/he feels and acts in a confident way when interacting with people whom she in the past had gone to great length to avoid.

The second subtheme, Relationship skills attainment, illustrates participants' perceptions of having enhanced their capacity to build relationships. In the quote below, P9 succinctly states that the programme had a profound impact on their life.

> I didn't have any friends before I started here. And now I've made loads of friends. (P9, FG2)

Several participants explain that the invitation to participate in the programme was important to them: "We do feel more worthwhile, since you've been asked to do a project you don't feel worthless as much." (P5, FG4) This quote illustrates a change that several participants highlighted; participation in the programme had kindled a sense of belonging. "Makes you feel human again. Makes you feel like you're part of something." (P4, FG2)
Several participants emphasise that being able to share in the group led to being more able to trust people outside the group. The quote from P5 below illustrates how participants perceive that they have started a change-process.

> I've learnt to trust people a bit more, not 100% but I'm getting there. (P5, FG2)

The theme 'Little to no change' showed that participants perceived that their enhanced skills and capacities had limitations. Participants "still feel lonely" (P9, FG4) and the contrast between feeling safe during a session and when stepping outside can be daunting: "as soon as we come out of the room, we build the barriers back up" (P3, FG4).

In addition, whilst the programme has enabled participants to build skills and a sense of belonging, they have only started to implement these changes in their everyday life "I'm still finding it hard to cope with a couple of things…keep putting them off, thinking they're

going to go away" (P9, FG4). Many participants also identify important aspects of their life that remain unchanged: "It will help us yeah and it will affect how we think of things but it's not going to affect anything on the streets". (P4, FG2)

Discussion

The contribution of this study is to provide a description of the development and use of a group-based programme to support reintegration in adults with experience of homelessness. The findings indicated that the programme is acceptable for individuals from the broad population of homeless people. The consistent positive reports about the programme from adults who were unstably housed suggest that a future study of the programme's feasibility and acceptability for re-housed homeless people is warranted.

Our literature review revealed that the field of interventions that enhance reintegration of homeless individuals is not well developed. [8-9] This intervention builds on the existing, inherent relationships between service centres in the community and adults with experience of homelessness. The advantages of involving former homeless individuals as facilitators must be highlighted. Their skills and experiences proved valuable in developing a rapport with participants, exploring participants' views and needs, and assist them in their change process. [32]

At baseline, participants were very motivated to participate. Overall, the results from the analysis of the questionnaire ratings suggest that participants found the programme acceptable. In the focus groups, the programme received very favourable comments regarding usefulness when learning to address the agreed behaviour-problems: exercise more controlled behaviour in situations of conflict and adopt a more assertive attitude. The programme and research protocol were feasible, with all participants engaging in all sessions,

completing all scales and attending all focus groups. The data also demonstrate the feasibility of obtaining practically useful measures of relevant outcomes.

The study has several limitations. This was an initial study of the feasibility of the programme procedures and research protocol, and its acceptability for individuals who are homeless or unstably housed. In similar to many other initial feasibility studies, [38,39] this study used a small sample. A second limitation is that the study was conducted in a single support centre. A natural next step in developing the programme would be to assess the programme's feasibility and acceptability for individuals with prior experience of homelessness who are stably housed, using a bigger sample recruited from several centres. Limitations aside, the programme addresses an expressed need for an evidence-based, accessible and low-cost intervention to enhance reintegration after homelessness. [40] In so far as few staff at services for the homeless are specifically trained in enhancing reintegration, the programme offers a template, adaptable to local situations.

Conclusion

To our knowledge, this is the first study to examine the feasibility and acceptability of a programme that aims to enhance reintegration of adults with experience of homelessness. Applying an inclusive, user-centred approach was essential to generating a programme that has potential to address challenges that people with experience of homelessness face when attempting to exit homelessness. [28-30] The findings underscore the importance of fostering relationship capacity, perceived wellbeing and functioning in interventions for individuals with experience of homeless in the years to come.

Keypoints

- Informal research showed that homeless adults in Nottingham perceived that psychological and social problems challenged community integration.

- While we know that housing interventions can yield housing stability and wellbeing such interventions are ineffective in enhancing community reintegration.

- After participating in a new intervention which aims to enhance community reintegration, a cohort of homeless adults who were homeless or unstably housed reported that they found the intervention acceptable, useful and helpful.

- Interventions that have a potential to enhance community reintegration should be integrated into the service provision and offered to homeless adults who are homeless or unstably/stably housed.

- Interventions that have a potential to enhance community reintegration of homeless adults should be identified, and feasibility/acceptability be assessed locally in various subsamples in the homelessness population, followed by assessment of the effectiveness of promising interventions.

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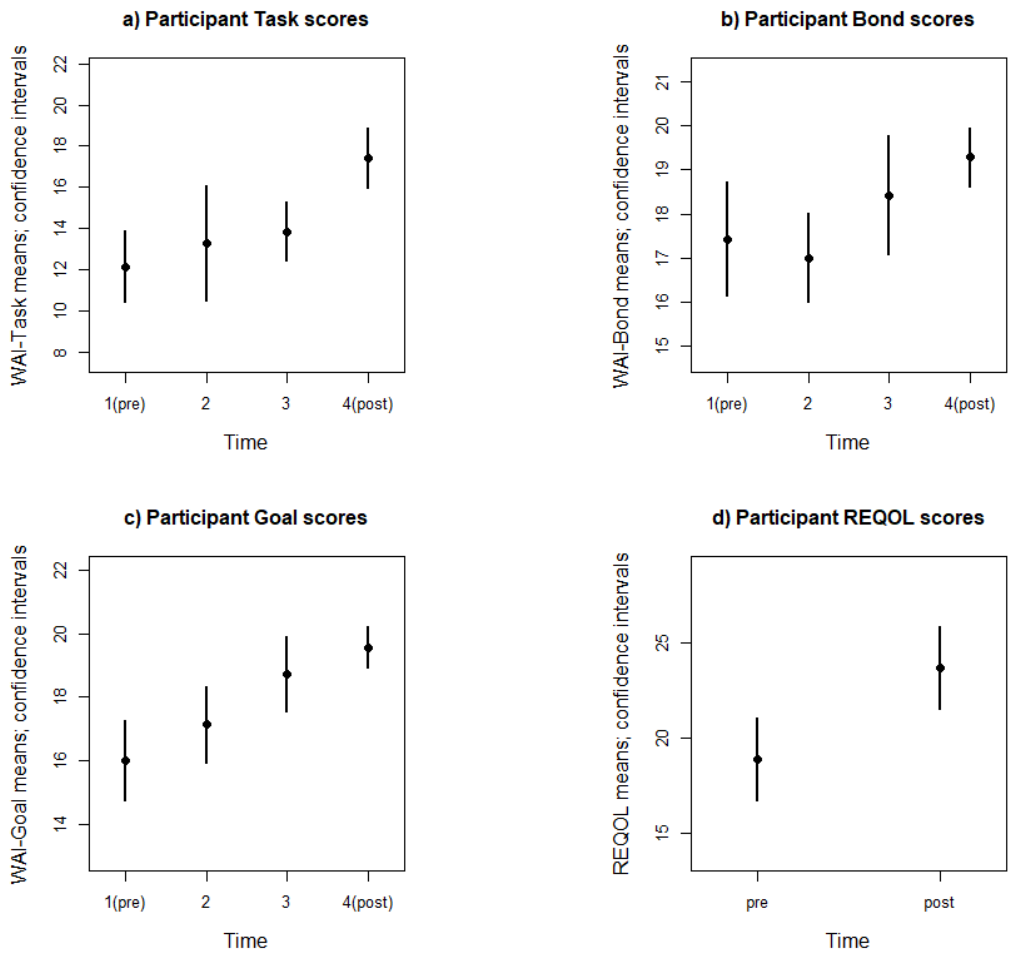
Figure 1. Participant scores on the four outcome measures over time. Error bars are difference-adjusted within-subjects 95% CIs (Baguley, 2012); error bars that don't overlap indicate a statistically significant difference between means at approximately $p < .05$.