Evaluation of Growth Through Participation: An intervention for homeless people

Miranda Rutenfrans-Stupar et al.
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FIRST: WHO AM I?

• Since 2006 SMO Breda:
  • Quality Manager/Policy Worker
  • Manager

• Since 2017 PhD (Tilburg University):
  • Promotors: Prof. dr. René Schalk, Prof. dr. Tine Van Regenmortel
  • What is the effectiveness of a new intervention (*Growth Through Participation/GTP*) for homeless people?
 POLICY OF DUTCH GOVERNMENT

• From traditional ‘welfare state’ to ‘participation society’
• Citizens are expected to support each other
• Appealing for aid from the government is a lost option
• However, majority of homeless do not have resources (e.g., social support)
• Shelter facilities have been developing participation-based programs
SMO BREDA

- Organization providing shelter and support for homeless people
- Mission statement: *supporting homeless people as fellow citizens to full participation in society*
- 3 objectives:
  1. Housing
  2. Daily activities
  3. Social network
- Development of GTP in 2014 (implementation April 2015)
CONTENT OF PHD RESEARCH

Evaluation of GTP

1. Relationship between participation and well-being (and predictors)
2. Efficacy in term of well-being, social participation, clients’ experiences with care
3. Predictors and outcomes of self-direction
4. Organizational aspects
1. Every person needs an environment for personal development
2. Every person has strengths
3. Every person has a need for autonomy
4. Organizational culture of flexibility & creativity
5. People learn by doing

Clients’ experiences with care (satisfaction with services received & client-worker relationship)

SOCIAL PARTICIPATION

OUTCOMES FOR CLIENTS

WELL-BEING

PHYSICAL & MENTAL & SOCIAL

LAYER 1: PRINCIPLES

LAYER 2: APPROACHES & FORMS

LAYER 3: DESIRED CONSEQUENCES
Evaluation of GTP

1. **Relationship between participation and well-being (and predictors)**
   - A. Quantitative study (cross-sectional)
   - B. Qualitative study

2. Efficacy in term of well-being, social participation, clients’ experiences with care

3. Predictors and outcomes of self-direction

4. Organizational aspects
QUANTITATIVE STUDY (N=225) (Results from SEM)

- Services received
- Client-worker relationship
- General rating
- Participation ladder
- Experiences with care
- Social support family
- Social support friends/acquaintances
- Social participation
- Education level
- Participation in activities in the shelter facility
- Well-being
- Quality of life
- Absence of psychological distress
- Self-esteem
QUALITATIVE STUDY (N=16)

Influence of participation in educational, recreational, and labor activities on physical, mental, and social well-being
RESULTS & CONCLUSIONS (QUALITATIVE STUDY) 1/2

• Almost all participants experienced that participation improved physical, social, and mental well-being:
  1. **Indirect social rewards**: examples expanding social circles leading to enhanced social support.
  2. **Direct personal rewards**: increased self-esteem, recognition, personal development, feelings of being meaningful.

  “I notice that my flexibility increases. I use the stairs more often and walk through all these hallways... I can better keep on moving. Walking is getting better because of this” (77-year-old man).

  “I improved my self-esteem. I was contributing. This was increasing my self-satisfaction. Thereby I was recognized by other people” (63-year-old woman).
• **Happiness** was mentioned in relation to mental well-being.

• However, **partial negative influence** of participation in activities on social and mental well-being due to **bad group cohesion**.

• **Other important factor:** supervisor’s behavior and attitude.

“If it wasn’t for these two [supervisors], I wouldn’t have done it. The way the supervisors are acting is very important to the activity” (64-year-old man).
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LONGITUDINAL STUDY (N=172): METHOD

• 3 measurement time points
• Questionnaires:
  • Quality of life (WHOQOL-BREF)
  • Psychologic distress (BSI)
  • Self-esteem (RSES)
  • Social participation (Participation Ladder, Social Support, External activities)
  • Clients’ experiences with care (CO-i)
• Latent Growth Modeling (Amos)
LONGITUDINAL STUDY: RESULTS

A positive change in:
- quality of life
- the amount of time clients spent on labor activities outside the shelter facility

However:
- a negative change in the amount of time clients spent on recreational activities outside the shelter facility
- no changes in psychological distress, self-esteem, other aspects of social participation

Homeless clients with above-average psychological distress showed a positive change in:
- quality of life
- self-esteem
- and psychological distress
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CONCEPTUAL MODEL ‘PREDICTORS AND OUTCOMES OF SELF-DIRECTION’ (N=approx. 100; N=48)
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<th>March/April 2014</th>
<th>December 2015/January 2016</th>
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ORGANIZATIONAL CULTURE

Results:
- Less Hierarchy
- More Clan
- More Adhocray

CONCLUSIONS

• GTP is a promising intervention
• In line with government policy in the Netherlands and Western countries
• Possibilities for cost-reduction
• However, more research is needed (RCT, broader context than SMO Breda, cost-effectiveness)
Any questions?

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