

Beyond Rehousing: Community Integration of Women
Who Have Experienced Homelessness

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Abstract

Homelessness is an important social problem in Canada, and the needs and experiences of women may differ from those of other homeless people. Little research has looked beyond rehousing to examine community integration following homelessness. Predictive models of three distinct facets of community integration for women who have experienced homelessness are presented and tested in this thesis. The first model examines physical integration, which is defined in terms of attaining and retaining stable housing. The second model predicts economic integration, defined in terms of participation in work or education. The third model predicts psychological integration, defined as psychological sense of community in one's neighbourhood. Data for this research comes from a two-year longitudinal study conducted in Ottawa. Participants were women aged 20 and over ($N = 101$) who were homeless at the study's outset.

Family status was an important predictor of community integration. Women who were accompanied by dependent children were more likely than those unaccompanied by children to be physically, economically and psychologically integrated in their communities. Having access to subsidized housing predicted becoming rehoused and living in one's current housing for longer. Greater perceived social support predicted living in one's current housing for longer. Past work history and mental health functioning predicted economic integration. Lower levels of education predicted returns to full-time studies. Living in higher quality housing and having more positive contact with neighbours predicted psychological integration, while living in one's current housing for longer predicted lower levels of psychological integration.

Overall, participants achieved a moderate level of community integration. The majority had been housed for at least 90 days at follow-up. However, only a minority were participating in the workforce or education at follow-up. Participants achieved only a moderate level of psychological integration.

Results are discussed in terms of implications for policy and service provision. Improvements in the availability and quality of affordable housing, as well as employment support are recommended. Special attention needs to be paid to providing adequate and effective services for women who are unaccompanied by dependent children.

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INTRODUCTION

Structure and Scope of Thesis

Homelessness is a growing problem in Canada and one that has been garnering increasing attention in the research literature. Homelessness is an important social issue, and research in the area may have serious service and policy implications (Gaetz, 2010; Hulchanski, Campinski, Chau, Hwang & Paradis, 2009). Past research has looked at the factors that predict an exit from homelessness (e.g. Caton et al., 2005; Piliavin, Wright, Mare & Westerfield, 1996; Zlotnick, Roberson & Lahiff, 1999) as well as those that may impede homeless individuals from becoming stably housed (e.g. Piliavin et al., 1996; Shinn et al., 1998; Wong & Piliavin, 1997). Little research, however, has examined the experiences of formerly homeless individuals after they have become housed.

Studies that have examined people's experiences following rehousng have focused on subsequent experiences of housing and homelessness. For example, several studies have examined pathways and predictors of becoming stably housed after an episode of homelessness, as well as what those that predict a return to homelessness (e.g. Piliavin et al., 1996; Shinn et al., 1998; Sosin, Piliavin & Westerfield, 1990; Stojanovic, Weitzman, Shinn, Labay & Williams, 1999; Wong & Piliavin 1997). However, none have examined how formerly homeless individuals become re-integrated in the community. Homeless individuals are one of the most stigmatized groups in our society, and by the very nature of their homelessness, disaffiliated from the greater social structure. How people who have experienced homelessness resume participation in the economic life of their communities, and how they renew a sense of belonging in their

communities are important questions that have received little attention in the homelessness literature.

People who are homeless are a diverse population. Age and gender are important determinants of both the difficulties that may lead to homelessness and the experience of homelessness faced by the individual. Several studies have looked at differences between various sub-groups of the homeless population including men, women unaccompanied by children, women with dependent children, and youth. These different groups have different needs and experiences prior to, during, and after experiencing an episode of homelessness, making it important to take these demographic factors into account in terms of service provision, policy, and research.

This thesis will examine the community integration of women who have experienced homelessness using data from the *Panel Study on Persons Who are Homeless in Ottawa* (the Panel Study), a longitudinal study conducted by the Centre for Research on Educational and Community Services at the University of Ottawa. The current research will focus on a sample of adult women aged 20 and older from the Panel Study, which includes both women unaccompanied by dependent children and women with dependent children.

The thesis is presented as a series of three manuscripts, each examining a different facet of community integration. The first manuscript examines predictors of physical integration, defined in this study as obtaining stable housing following homelessness. The second manuscript looks at predictors of economic integration, which is defined in terms of participation in the economic life of the community, either through work or through participation in education, which can be expected to lead to future work

opportunities. The third manuscript examines predictors of psychological integration, defined here as achieving a psychological sense of community in the neighbourhood where one lives. These manuscripts will be preceded by a general introduction, comprising a review of the research literature on homelessness, as well as theoretical background in the area of social exclusion and community integration and a description of the research methodology. A general discussion will conclude the thesis.

Contribution to the Literature

Although a substantial body of research exists on the course of homelessness, including pathways in and out of homelessness, little exists documenting what happens to these individuals after they become rehoused. Those studies that do follow individuals after exiting homelessness are concerned primarily with housing issues, such as housing stability and returns to homelessness. Little research has looked beyond housing at community integration in individuals who have experienced homelessness.

The objective of the current study is to determine which factors predict community integration for women who have experienced homelessness. This will be accomplished first by determining which factors predict becoming physically integrated, and then extending this model to determine which of these factors further predict economic and psychological integration in the community. The focus on multiple aspects of community integration makes a unique contribution. For example, very little research on economic integration following homelessness exists. Of the small number of studies that have examined employment among individuals who have experienced homeless, most have been evaluations of specific programs or have examined clinical populations such as individuals with substance abuse difficulties (e.g. Zuvekas & Hill, 2000). While some researchers have looked at vocational training, none examined returns to full-time studies. Only one study was found which looked at economic integration in a non-clinical sample of women who have experienced homelessness; Bogard, Trillo, Schwarz and Gerstel (2001) examined the impact of past employment history and depressive symptoms on employment and job training in a sample of mothers who had been homeless.

Similarly, studies that examine psychological integration in people who have experienced homelessness have drawn their samples from services for people suffering from severe mental illness (e.g. Gulcur, Tsemberis, Stefancic & Greenwood, 2007; Wong & Solomon, 2002; Yanos, Barrow, & Tsemberis, 2004). No research was found that examined psychological integration after homelessness in a non-clinical sample of women.

The focus on the experiences of women, both with and without dependent children, who have experienced homelessness is an important one. A review of the literature on homelessness has underscored the importance of examining issues of gender and family composition. The research literature on women who have experienced homelessness is growing, but to date, very little research has looked at experiences of community integration in this population. In a small, qualitative study, Tischler (2007) examined experiences of reintegration in the community for mothers who had been homeless. However, Tischler used a very different sample and methodology from the current study, and did not use a comparable, multifaceted definition of community integration.

Finally, by using longitudinal data, this research will be contributing to a small but growing body of work concerned with following individuals who are homeless over time. In addition, only a small number of longitudinal studies on homelessness have been conducted in Canada. In this research, I will use longitudinal data to look at re-housing and beyond, to examine predictors of physical, economic and psychological integration in women who have experienced homelessness.

CHAPTER 1

Homelessness

Homelessness Women and Families

The needs and problems of homeless women who are unaccompanied by children and homeless women with dependent children differ both from each other and from those of other homeless individuals. Much of the early research on homelessness used primarily or exclusively male samples and then generalized the results to all homeless individuals. More recently, many authors have examined differences between different sub-groups of homeless individuals based on gender and age differences, as well as family composition (e.g. Burt & Cohen, 1989; Farrell, Aubry, Klodawsky, Jewett & Pettey, 2000; Roll, Toro & Ortola, 1999). For the purposes of this review, research on homeless women who are unaccompanied by children and women with dependent children will be examined. Differences between these groups and homeless men will be reported when available. Research on homeless youth will not be included, as it has been largely separate from the literature on homeless adults.

Not all of the research distinguishes between subgroups in the same way. For example, some studies of homeless women group together results for women unaccompanied by children and women with dependent children. Researchers studying homeless families may not report the gender of the respondent, or may not distinguish between male and female heads of family in reporting results. However, most homeless families are led by single mothers, with the father either having left or never having joined the household (Rossi, 1994, cited in Metraux & Culhane, 1999). Results from the Panel Study are consistent with these findings; of the 85 adults in families interviewed at

baseline, 70 (82.3%) were women (Aubry, Klodawsky & Hay, 2003). Given the composition of most homeless families, the literature on homeless families reviewed in this section should largely reflect the experiences of women with dependent children, even where the gender of participants is not reported. As well, the literature on homeless women reviewed here can be assumed to combine results for women unaccompanied by children and women with dependent children when not otherwise specified. Results reported for homeless men refer to men who are unaccompanied by dependent children unless otherwise specified.

Homeless women, whether alone or in families, face a diverse set of difficulties and challenges. In their review of the literature, Buckner, Bassuk and Zima (1993) found that, overall, high rates of mental illness and substance abuse were reported among homeless women. Physical illness, low levels of education, unemployment and histories of victimization are some of the common hardships faced by homeless women, both those who become homeless on their own and as part of a family (Hulchanski et al., 2009). However, it is not always clear which of these difficulties are unique to homeless women. Many of these difficulties are shared by other homeless individuals and by women who are housed but living in poverty.

Homeless individuals experience higher proportions of both physical and psychological health difficulties, stressful life events and substance abuse problems than the general population (Farrell et al., 2000). Compared to women with dependent children and to men, women unaccompanied by children report the highest levels mental health difficulties (Burt & Cohen, 1989; Farrell et al., 2000; Roll, et al., 1999; Zlotnick et al. 1999). Women unaccompanied by children also report a higher number of childhood

traumatic events, as well as recent experiences of victimization (Farrell et al; Roll et al.). In contrast, individuals in families are more likely to report domestic violence as a reason for becoming homeless (Farrell et al.). Women, both with and without dependent children, have higher levels of social support than men (Farrell et al.; Roll et al.).

Women unaccompanied by children fall “between” men and women with children on many variables; it appears they share the problems of both groups. For example, they report longer periods of homelessness and more past experiences of homelessness than individuals in families, but shorter and less frequent periods of homelessness than men (Farrell et al., 2000). Women unaccompanied by children may have more substance abuse problems than women with dependent children (Burt & Cohen, 1989; Roll et al., 1999), but fewer than homeless men (Farrell et al.; Zlotnick et al., 1999). Both individuals in families and women unaccompanied by children may have higher or equal levels of education compared to men (Farrell et al.; Roll et al., 1999), but many also report lower levels of income and may possess few work skills (Roll et al.).

Precursors of homelessness may also differ between subgroups of homeless people. Tessler, Rosenheck and Gamache (2001) found that men were more likely to cite job loss, discharge from an institution, mental health problems, and alcohol or other substance abuse problems as precipitators of homelessness, whereas women were more likely to cite eviction, interpersonal conflict, and someone being no longer willing or able to help them financially. In a longitudinal study in Toronto, Paradis, Novac, Sarty and Hulchanski (2009) found that women in families reported experiences of abuse, pregnancy, parenting issues, and discrimination in the housing market as precursors to becoming homeless.

In their review of the literature on homeless women, Novac, Brown, and Bourbonnais (1997) point out that housing practices and policies tend to disadvantage women. Overall, women earn less than men and tend to have greater domestic responsibilities. Women with few financial resources may depend on relationships with men for shelter and security, and then face a loss of housing when these relationships break down. Divorce and family breakdown tend to have a larger financial impact on women than on men, leaving women with fewer options for re-housing after a disruption of this kind. Most single-parent households are headed by women, who may face discrimination in the housing market as well as financial hardship.

Domestic violence is another important barrier faced by some women, and those fleeing such abuse may find themselves without a safe, stable place to live (Paradis et al., 2009). In addition, once homeless, women are often at risk for further victimization. Several studies have found higher rates of victimization among homeless women than among low-income, housed women (Fisher, Hovell, Fostetter & Hough, 1995). Browne and Bassuk (1997) found that housed, low-income and homeless mothers were equally likely to report experiences of childhood physical or sexual abuse and of severe physical abuse by an intimate male partner, although homeless women reported more severe, and more frequent abuse by intimate partners in adulthood. Although few differences were found between the housed and homeless mothers, rates of victimization reported by both groups were extremely high.

Shinn and her colleagues (Shinn, Knickman & Weitzman, 1991; Shinn et al., 1998) found that homeless women were more likely to have experienced childhood disruption of family relationships and traumatic events compared to housed, low-income

women. Having stopped living with a partner, and having been abused or threatened in a romantic relationship, were also associated with homelessness. Metraux and Culhane (1999) found that women who reported experiencing domestic violence were more likely to have multiple stays in shelters, suggesting longer and/or repeated episodes of homelessness. Fisher et al. report a very high incidence of violence in the lives of women who had been homeless, including both past and recent incidents of battery and rape. However, many of these incidents of victimization occurred while they were housed. Thus, homelessness may be both a result of and a risk factor for victimization, and violence may also be prevalent in the lives of low-income women who are housed.

Pathways through Homelessness: Guiding Model for the Thesis

Piliavin and colleagues provide a useful model for examining the course of homelessness over time. They examined the impact of several clusters of variables on the amount of time individuals spend homeless (Piliavin et al., 1993) and on exits and returns to homelessness (Piliavin et al., 1996). These included institutional disaffiliation, personal disability, human capital deficiencies, and acculturation to homelessness. This model has also guided research by Zlotnick et al. (1999), who added a cluster of variables focused on economic resources in their examination of residential exits from homelessness. Resources included entitlement benefits, formal sector work and use of subsidized housing. Each of these variables is examined in more detail in the following sections, with particular attention to disaffiliation and acculturation to homelessness.

Disaffiliation

In his book *Skid Row*, Bahr (1973) described the disaffiliation of homeless men from conventional society. Affiliation to social institutions, he argued, is the source of

social power; its opposite, disaffiliation, is a detachment from the “affiliative bonds that link settled persons to a network of interconnected social structures” (Caplow, Bahr & Sternberg, 1968, quoted in Bahr, 1973, p. 17). Thus those who are disaffiliated may have few social ties, less stable employment, low levels of education, and long-standing histories of poverty. Powerlessness, and the victimization that often goes along with it, are key elements of disaffiliation. Disaffiliation is as characteristic of homelessness for women today as it was for the men Bahr wrote about. Separation from family in childhood and having to flee domestic violence in adulthood are common experiences of homeless women (e.g. Browne & Bassuk, 1997; Fisher et al., 1995; Paradis, Novac, Sarty & Hulchanski, 2009). Loss of a source of material support is a frequently cited reason for homelessness (Tessler et al., 2001). Homeless women report low levels of education, little involvement in the workforce, and many come from poor families (e.g. Shinn et al., 1998).

People who are homeless may be disaffiliated from social networks. Greater disaffiliation has been found among families who become homeless when compared to matched groups of housed, low-income families (Bassuk et al., 1997; Fertig & Reingold, 2008). Experiences of childhood family disruption, for example foster care (Bassuk et al.; Shinn et al., 1998) physical or sexual abuse (Shinn et al., 1998), and having a mother who used drugs (Bassuk et al.) are risk factors for homelessness among low-income families. Adult experiences of domestic violence (Fertig & Reingold; Shinn et al., 1998) and interpersonal conflict (Bassuk et al.) may also differentiate women with children who become homeless from those who remain housed.

The institutional disaffiliation in Piliavin and colleagues' (1993, 1996) model was conceptualized as being the result of a variety of adverse circumstances, including lifetime isolation, traumatic experiences, and possibly voluntary withdrawal from conventional society. Indicators of disaffiliation included marital and parenting history, current living arrangements, and extent of contact with family members. Childhood placement in foster care facilities was used as an indicator of the long-term rupture of family ties, while criminal history was used as an indicator of the attenuation of the individual's bonds to conventional society. Of these, only childhood foster care placement predicted longer lifetime histories of homelessness.

In Zlotnick and colleagues' (1999) model, indicators of disaffiliation included childhood history of foster or group home placement, informal sector work (e.g. panhandling, selling blood, sex trade work), a history of arrests, and the absence of contacts with case managers. Differences in disaffiliation were found between men, women unaccompanied by children and women with children, with men being most likely to report informal-sector income and a history of arrest. Women with children were more likely than the other groups to report contact with case managers. None of the measures of disaffiliation was predictive of exiting homelessness in this study.

Low levels of social support from both informal sources such as friends and family and institutional sources may increase the risk for homelessness among low-income families (Fertig & Reingold, 2008), while increased social support may be a protective factor (Bassuk et al.). Shinn and colleagues (1991) found that while many homeless women had recent contact with their families, they reported that they had exhausted these resources prior to entering shelters, and could not call upon them for

further help. Low levels of social support may be associated with poorer mental health functioning and may have a negative impact on people's ability to cope with stressors (Canadian Population Health Initiative, 2009).

Once homeless, disaffiliation may have an impact on people's ability to regain stable housing, while being connected to social networks may facilitate becoming rehoused. Cohen, Ramirez, Teresi, Gallagher and Sokolovsky (1997) found that perceived social support and the number of community services used predicted exits from homelessness in a sample of women aged 50 and older. Anucha (2003) found that greater social support was predictive of housing stability in a sample of "hard to house" individuals. Caton and colleagues (2005) found family support and a lack of arrest history predicted shorter-term homelessness. There may also be a relationship between the extent and type of social support available and the course of homelessness. Eyrych, Pollio and North (2003) found that longer-term homelessness was associated with smaller family networks. In addition, those who had been homeless for longer reported less reliable networks of both family and friends. Thus, networks may change as people remain homeless for longer periods of time and become further acculturated to homelessness.

Acculturation to Homelessness

Bahr (1973) described how the fiction of "carefree," comfortable homelessness serves to reduce the guilt of the average citizen and to justify the mistreatment of these individuals. He also noted, however, that many homeless men themselves buy into this view of homelessness. As individuals become disaffiliated from family, community, and society at large, they may seek affiliation with available support systems. For homeless

individuals, these may include other homeless people and service providers. Over long or repeated periods of homelessness, individuals may come to identify more strongly with the street culture, becoming more disenfranchised from conventional society, and experience increasing difficulty establishing stable housing.

Acculturation can be conceptualized as a change in identity status, whereby the individual adopts a new role in order to become adapted to a new cultural reality. Snow and Anderson (1987) argue that people are driven to maximize self-worth, a task usually accomplished through the performance of positive social roles. However, low-status, stigmatized individuals such as the homeless may have very limited opportunities to engage in such roles. Instead, homeless individuals must construct positive identities for themselves in the absence of these conventional positive social roles.

Snow and Anderson (1987) found that their participants used three primary strategies to construct positive identities, and that the strategies differed depending on the length of time they had been homeless. Participants who had been homeless for the shortest time periods distanced themselves from the homeless role. Those who had been homeless longer were more likely to engaging in future-oriented fantasy. Those with the longest periods of homelessness tended to embrace specific “homeless” roles. As the length of time homeless increased, individuals became more likely to distance themselves from specific sub-groups of homeless people and institutions, and to engage in more embellishment of their past experiences. The different identity formation strategies that were employed by individuals at different stages of homelessness support the idea that people become increasingly acculturated to homelessness over time. Being unable to become re-housed may force people to embrace “homeless” roles as a way to maintain

positive self-worth. Once the role of “homeless person” has been embraced, however, it may be even more difficult to break out of that role and become reintegrated into society.

That identifying strongly with the homeless role and maintaining a positive identity as a homeless person might inhibit exiting homelessness is supported by other authors. For example, Farrington and Robinson (1999) argue that identity maintenance strategies change as a function of the length of time an individual has been homeless. Using a cross-sectional design, they compared individuals who had been homeless for varying lengths of time. They found that those who had been homeless for the shortest time-periods self-identified as homeless, but distanced themselves from homeless people as a group. In the next phase, individuals denied the homeless identity and asserted other, alternative identities. As the length of time homeless increased, individuals were more likely to identify themselves with a particular sub-group of homeless people, comparing their own group favourably to other sub-groups of homeless individuals. Finally, participants who had been homeless for the longest periods were most likely to develop specific role identities, and to identify themselves and their homeless peers as a “family,” stressing their mutual helping and caring behaviour.

Grigsby and colleagues (1990) note that the immediate causes of homelessness often serve to weaken individuals’ ties to conventional social networks and institutions. For example, life events such as the loss of a job or other forms of financial support, divorce or the end of other relationships, or fleeing domestic violence may not only lead to homelessness but at the same time may affect individuals’ sense of belonging in the community and result in cutting ties to past sources of support. These authors proposed a model wherein, as individuals are homeless for longer periods of time, they become

increasingly entrenched in a life of homelessness, making fewer efforts to become rehoused.

Based on this model, three groups of homeless individuals emerged. Those who were relatively new to homelessness made the greatest efforts to get off the streets. Those who stayed on the streets continued to lose social support and showed greater psychological impairment. A sub-group of individuals had large support systems, but these were often destructive groups that encouraged alcohol abuse and a transient lifestyle. While this study was cross-sectional, the authors speculate that, over time, some individuals become increasingly isolated and match the profile of the “prolonged homeless,” the group most entrenched in homelessness. Small social networks, moderate difficulty in functioning, and sleeping in unconventional accommodations such as parks and abandoned buildings were characteristic of these individuals, who had been homeless for, on average, over six years.

Identifying with the homeless role may be associated with individuals engaging in less help-seeking behaviour and fewer efforts to exit homelessness. Osborne, Karlin, Baumann, Osborne and Nelms (1993) found that acculturation to homelessness predicted under-estimation of health problems and other difficulties, higher self-reported quality of life, and decreased perception of the need to seek help from service providers. These authors suggest that individuals use social comparison to evaluate their own beliefs, opinions and abilities. As homeless people become disaffiliated from conventional roles, they experience an increased need for affiliation with other homeless people. However, affiliation with this comparison group may have some disadvantages. Homeless people

may be unaware of the severity of the health, mental health and substance abuse difficulties they are experiencing, as these difficulties are so prevalent among their peers.

Indeed, Osborne and colleagues (1993) found that homeless individuals underestimated their levels of physical and mental health difficulties and alcohol problems. The more acculturated participants were, the more they tended to underestimate their difficulties and to report better quality of life. This, in turn, was associated with a lower reported need for services. In a later study, Osborne (2002) found that individuals who identified with homelessness on self-report measures used fewer services, had higher self-esteem, and made fewer attempts to exit homelessness than did those who did not incorporate homelessness into their identities.

Little research could be found examining issues of acculturation and identity among homeless women and families. DeOllos (1997) describes the “shelterization” process experienced by adults, primarily women, in homeless families. Like other homeless people, homeless families become increasingly disaffiliated from mainstream society over time. The families in DeOllos’s study did not become homeless shelter-users overnight, but instead, most described a long process of losing their housing, “doubling up” with friends or relatives, and staying in cheap motels before finally coming to the emergency shelter. Over time, participants adopted identities consistent with those of shelter dwellers who have been there for longer periods of time, including adopting the language, values, and beliefs of the long-term residents. Families progressed from feelings that they did not belong in the shelter and were different from other homeless people to anger, as service providers do not seem to recognize that they were different

from the other shelter residents, to recognizing their homeless situation while still maintaining a sense of control over the future.

As families experienced failure finding work and realized that it would take a long time to exit homelessness, they began to experience discouragement. At this stage, families started to identify more with other families in the shelter and to lose close contact with relatives. Finally, at the last stage of the shelterization process, families experienced a sense of helplessness, identifying completely with other homeless families and believing that their housed relatives and shelter workers couldn't understand or relate to their situation. Thus, in a process similar to those described by Grigsby et al. (1990) and Farrington and Robinson (1999), as adults in homeless families became increasingly disaffiliated from conventional society and ties to extended family weakened, they become increasingly acculturated to homelessness, adopting the values of their homeless contemporaries and decreasing their efforts to exit homelessness.

Breese and Feltey (1996) examined "role exits" in homeless women. Role exits occur when individuals make major life changes, transitioning from one important social role to another. In this case, participants were exiting their roles as housed citizens and adopting new roles as homeless individuals. In the first stage of the role exit process, marked by the beginning of an episode of homelessness, participants reported feeling a loss of control over their lives and experiencing a sense of loss. Next, they began to doubt their ability to cope with the difficulties inherent in the transition they were experiencing. Characteristic of this stage was a decrease in social contact as the women began to rely more on service providers, and less on family and friends, for assistance in coping with their situation.

In the next stage, the women actively sought alternatives and their focus shifted toward the role expectations associated with the new, homeless role. In the final stage, the women began to make plans for the future, for example finding housing and work or returning to school. Losing their homes precipitated a shift for these women in their social support and reference groups. Participants had to adjust to and accept the limited options open to them and had to disengage from their previous social roles in order to be able to become active in the new role of a homeless person seeking alternatives for the future.

It is difficult to determine from the studies reviewed above whether there are differences in acculturation to homelessness based on gender and family composition. One important difference seems to distinguish the results of the final two studies, which used primarily female participants, from the other research on acculturation and identity discussed above. As compared to the primarily male participants in the Grigsby et al. (1990) and Farrington and Robinson (1999) studies, whose social networks changed to incorporate more homeless individuals, the women in Breese and Feltey's (1996) and DeOllos's (1997) studies seemed to garner increasing social support from service providers.

The implications of this finding are unclear. The authors interpret the loss of informal social networks as a sign of disengagement from previous roles. This is analogous to the process of disaffiliation described by Bahr (1973) and Grigsby et al. (1990). As women disengage from their roles as housed citizens, they appear to lose the social support once provided by friends and family members. As they develop new identities as homeless individuals, analogous to acculturation to homelessness, they may

develop more connections with the formal support of service providers. This is a contrast to the findings of Osborne and his colleagues (Osborne, 2002; Osborne et al., 1993), who found that the greater participants' level of acculturation to homelessness, the less likely they were to use services geared toward homeless individuals.

Overall, the research discussed in this section supports the idea that acculturation to homelessness increases over time and that homeless individuals may come to identify with certain social roles associated with homelessness (Farrington & Robinson, 1999; Grigsby et al., 1990; Snow & Anderson, 1987). Becoming acculturated to homelessness may be associated with making decreased efforts to exit homelessness (Grigsby et al., 1990; Osborne, 2002).

Disaffiliation and acculturation are related constructs, and appear to reinforce each other. As individuals remain homeless over time, they become increasingly acculturated to homelessness, and at the same time further disaffiliated from their former social networks (DeOllos, 1997; Grigsby et al., 1990) as well as from available social services (Osborne et al., 1993). Being disaffiliated from the mainstream, individuals may seek affiliations with other individuals who are homeless or with service providers, leading to further acculturation to homelessness.

In Piliavin and colleagues' model (1993, 1996), acculturation to homelessness was conceptualized as a multi-faceted construct that included the individual's sense of commonality with other homeless individuals, contact with and perceptions of other homeless people, feeling of safety in the street, and views about the ease or difficulty of obtaining food and shelter while homeless. Lower levels of discomfort with street life were associated with longer lifetime histories of homelessness (Piliavin et al., 1993),

while lower levels of identification with other homeless people and a history of shorter and/or less frequent episodes of homelessness were associated with exiting homelessness (Piliavin et al., 1996).

In Zlotnick and colleagues' (1999) study, identification with homelessness was operationally defined as length of time homeless. Men reported the longest episodes of homelessness, with about 60% being homeless for a year or more. Fewer women unaccompanied by children, and only a small number of women with children, reported being homeless for this long. Exiting homelessness to stable housing (i.e. remaining housed for at least 30 days) was associated with having a shorter history of homelessness.

Human Capital Deficits

Human capital deficits, generally defined as having low levels of education and little work experience, may be a sign of disaffiliation and have been examined as predictors of becoming and remaining homeless. Bassuk and colleagues (1997) found that having completed high school was a protective factor against homelessness amongst low-income women with children. Susser and colleagues (1993) found that non-high school graduates were consistently at higher risk of homelessness than graduates. However, it is unclear whether human capital has an impact on exiting homelessness. Calsyn and Roades (1994) also found that neither education nor income was useful in predicting the duration of current homeless episodes. In contrast, Caton and colleagues (2005) found that a history of current or recent employment and earned income predicted exiting homelessness. In a qualitative, longitudinal study in Toronto, Anucha (2003) found that participants cited unemployment and underemployment as barriers to housing stability.

Piliavin and his colleagues defined human capital in terms of educational attainment and amount of time spent working since first employment. They found that having an inconsistent work history was associated with longer homeless careers (Piliavin et al., 1993) and repeated episodes of homelessness, while recent employment and job training were associated with exiting homelessness (Piliavin et al., 1996). In contrast, Zlotnick and colleagues (1999) found no relationship between human capital variables and exiting homelessness or housing stability after homelessness.

Personal Disability

Personal disabilities such as mental health problems, physical illness or disability, and substance abuse have been examined as predictors of becoming and remaining homeless, as well as exiting homelessness and subsequent housing stability. Physical health problems are prevalent among people who are homeless. People who are homeless suffer from physical illness at higher rates than the general population. The effects of homelessness and poverty, delays in seeking care, and failure to follow treatment regimes can lead homeless individuals to suffer from severe forms of illness (Hwang, 2000). However, Susser and colleagues (1993) found no evidence that physical health has an impact on the risk of becoming homeless, and none of the studies reviewed here reveal any evidence that physical health has an impact on the length of time homeless, exiting homelessness, or subsequent housing stability.

The prevalence of psychiatric illness and substance abuse disorders among the homeless are generally estimated to be much higher than for the general population. For example, based on a review of the epidemiological literature, Susser et al. (1993) report that incidence of homelessness among those suffering from bipolar disorder and

schizophrenia is more than five times as high as for the general population. Further, they report that alcohol abuse or dependence is the greatest single risk factor for homelessness. Sullivan, Burnam and Koegel (2000) report that as many as 20-25% of homeless are mentally ill. Other mental health difficulties that may be prevalent among homeless populations include personality disorder, depression, anxiety, and post-traumatic stress disorder (Canadian Population Health Initiative, 2009).

The stress of being homeless, the diminution of social ties and the traumatic life events experienced during homelessness may themselves contribute to symptoms of mental illness or emotional distress (Bogard, McConnell, Gerstel & Schwartz, 1999; Canadian Population Health Initiative, 2009). Goodman, Saxe and Harvey (1991) argue that homelessness itself is a type of trauma; the loss of home and security can produce post-traumatic symptoms, as can the conditions of shelter living. As well, many individuals become homeless following experiences of trauma, and individuals may be exposed to further victimization while homeless. Further evidence for the detrimental effects of homelessness on mental health comes from Wong and Piliavin (2001), who found that levels of distress were three times higher among homeless respondents than in the general population, but that distress levels decreased when formerly homeless individuals became housed.

Mental health difficulties have long been cited as important contributors to homelessness; however, the evidence supporting this contention is mixed. Bogard and colleagues (1999) found similar rates of depressive symptoms among low-income, housed mothers and those who were entering shelters. However, over time the women in

shelters developed increased depressive symptomatology, especially if they were cut off from their previous social networks.

Sullivan and colleagues (2000) found that while severe mental illness such as bipolar disorder or schizophrenia may play a role in initiating homelessness for some individuals, most mentally ill homeless people share more in common with other homeless people than they do with other mentally ill people, including childhood disruption and lifelong poverty. In fact, many of their participants developed symptoms of anxiety and depression following homelessness, suggesting these were a consequence of experiences of homelessness, poverty, and childhood trauma. Shinn and colleagues (1998) found no association between mental or physical health problems and housing stability for homeless families.

Despite these findings, there is some evidence for an association between personal disability and the course of homelessness. Bassuk and colleagues (1997) found that mothers with a history of hospitalization for mental health problems and those with substance abuse difficulties were at risk for family homelessness, and Fertig and Reingold (2008) found that both physical and mental health difficulties increased the risk of homelessness for low-income families. Wong and Piliavin (1997) found that personal disability, including drug abuse and mental health problems, was associated with a decreased chance of exiting homelessness. In addition, mental health difficulties predicted a return to homelessness for women with dependent children. Caton and colleagues (2005) found that participants who had histories of substance abuse treatment were less likely to become housed.

In Piliavin and colleagues' model, personal disability variables included psychological dysfunction, poor physical health, and substance abuse difficulties (Piliavin et al., 1993; Piliavin et al., 1996). However, they found no relationship between psychological dysfunction, and length of homelessness, repeated episodes of homelessness or returning to homelessness after obtaining housing. In fact, a history of psychiatric hospitalization predicted shorter homeless careers. Physical health also had no significant impact on exits from and returns to homelessness (Piliavin et al., 1996). In contrast, Zlotnick et al. (1999) found that having a current substance use disorder was associated with obtaining unstable, but not stable, housing.

Economic Resources

A number of studies have found that the provision of economic resources is the best predictor of helping individuals avoid homelessness, become re-housed and, importantly, of retaining stable housing after an episode of homelessness. For example, Wong and Piliavin (1997) found that having access to financial resources through employment, income support benefits, or housing subsidies was associated with reduced risk of returning to homelessness. Wong, Culhane and Kuhn (1997) found that families who left shelters to enter subsidized housing tended to have longer shelter stays than those who left to other housing situations, possibly because these families were waiting to obtain subsidized housing. Obtaining subsidized housing, however, was associated with a substantially lower probability of future admissions to the shelter.

In a five-year longitudinal study, Stojanovic and colleagues (1999) found that the vast majority of family shelter users who obtained subsidized housing had remained housed for the entire follow-up period, usually in the same house or apartment. In

contrast, of the families who entered non-subsidized housing, few remained in the same homes at follow-up, and nearly half had experienced subsequent shelter stays. Those who initially left the shelter to enter unsubsidized housing often reported “doubling-up” with friends or family, resulting in unstable, over-crowded housing situations.

Using data from the same study, Shinn and colleagues (1998) confirmed the obvious conclusion from these findings: provision of subsidized housing was the main predictor of housing stability for these families. Similarly, Bassuk and colleagues (1997) found that receiving a housing subsidy was an important protective factor that differentiated housed, poor women from a comparison group of homeless women. Zlotnick and colleagues (1999) found that economic variables, such as receiving income support and subsidized housing, were the strongest predictors of exits from homelessness to stable housing.

Systemic Factors

While homelessness affects individuals, it is a problem that reflects broader social issues of inequality, poverty, and social exclusion. Toro, Trickett, Wall and Salem (1991) stress the importance of looking at homelessness from an ecological perspective. Neither individual nor systemic factors fully explain the causes or course of homelessness. Rather, it is a complicated interplay between the two that determines how individuals become and remain homeless, how they exit homelessness, and the level of stability they achieve once housed.

McChesney (1990) argues that it is the lack of affordable housing, and not the characteristics of individual families that must be addressed in finding solutions for homelessness. Shinn and Gillespie (1994) elaborate on this theme, drawing on

McChesney's analogy of homelessness as a game of musical chairs. While particular intrapersonal characteristics and difficulties that may be useful to predict which specific individuals will become homeless, there are simply more people in need than there are affordable housing units available. As long as this is the case, there will always be some people left without housing when the music stops. This problem, they argue, is getting worse as poverty increases and the affordable housing supply decreases.

Several American authors have examined the impact of systemic factors on homelessness. American studies have shown that high rental rates (Bohanan, 1991; Fertig & Reingold, 2008; Lee, Price-Spratlen & Kanan, 2003) and the availability of affordable housing (Elliott & Krivo, 1991; Fertig & Reingold, 2008) are important determinants of rates of homelessness in urban centres. This problem is equally evident in Canada. Gaetz (2010) argues that Canada lacks a cohesive national housing program. Spending on affordable and subsidized housing has decreased steadily over the past 30 years. Few new units of social housing are being built in Canada. In 2000, federal social housing expenditures were sufficient to build approximately 5400 units across Canada- a country of 11 million households (Hulchanski, 2002). The Alliance to End Homelessness in Ottawa (2009) reported that as of December 2009, there were 23 455 social housing units in Ottawa, and 10 235 people are on the waiting list. The creation of new subsidized housing units in Ottawa has effectively slowed to a standstill; virtually no new units were built between 1996 and 2000, and only 1055 units have been completed since 2000.

Labour market conditions appear to be another predictor of homelessness; Bohanan (1991) found that higher unemployment rates were associated with higher levels of homelessness across 60 communities in the U.S. In contrast, Fertig and Reingold

(2008) found that labour market conditions had only a marginal impact on homelessness for at-risk families. The availability of social services, particularly mental health care, may also be important in predicting rates of homelessness. Both Bohanan and Elliott and Krivo (1991) in the U.S. found that cities with a greater availability of mental health care services had lower rates of homelessness. In Canada, welfare benefits have decreased, and salary earnings for low to middle-income Canadians have decreased or remained at a standstill over the past 25 years (Gaetz, 2010).

Fertig and Reingold (2008) examined both social determinants and individual-level characteristics in predicting family homelessness. They found that while social factors are important in predicting homelessness, individual-level characteristics had a larger effect. Individual factors interact with social conditions to predict which specific individuals will become homeless. While it appears clear that large-scale social policy interventions are necessary to alleviate the problem of homelessness on a societal level (Hulchanski et al., 2009; Shinn, 2007), the interaction between social policy, interventions and the individuals who receive these services will ultimately determine who gets helped, and what kind of help they receive. It is therefore important to look at individual determinants when examining predictors of individuals becoming re-housed and, ultimately, fully integrated into the community.

CHAPTER 2

Community Integration

Theoretical Background

Community integration has been defined in a variety of ways. On the individual level, community integration has been used to describe participation in community activities (Gracia & Herrero, 2004), adopting multiple social roles (Meon, Dempster-McClain & Williams, 1989), participation in education and in the workforce (Guest & Stamm, 1993), and social contact with neighbours (Aubry & Myner, 1996). On the systemic level, the term, “community integration” has been used to describe the integration of marginalized people (such as those in extreme poverty) into the mainstream of society (Brink, 1996).

Community integration has been used to describe the experiences of the elderly, of immigrants, of the mentally ill, and of various disabled populations. A large body of literature exists on the community integration of people with severe mental illness and people with developmental disabilities. Many of the principles outlined in this literature can be equally applied to other marginalized populations, such as people who are homeless. In this section, I will focus on Social Role Valorization (SRV) theory, and will explore how it can be applied to homeless individuals.

Thomas and Wolfensberger (1999) described social roles as the behaviours, privileges, duties and responsibilities that are understood and recognized within a society as characteristic or expected of a person occupying a certain position in the social system. Those who fulfill a specific social role are likely to be confirmed or legitimized in the role by the attitudes and reactions of those around them, as well as by their own

understanding of what that role entails. Social roles are essential to identity formation, as the major roles we fill become incorporated into our identities. Roles may be in different domains, for example, in relation to social life, family, or work. Different social roles are assigned different values in society, ranging from extremely valued to extremely devalued. The more valued roles a person fills, the less likely it is that devalued roles will play a part in their identity. Further, people can be cast in roles even if they only partly fulfill them, based on other people's assumptions.

Thomas and Wolfensberger (1999) argue that those who hold valued social roles are more likely than those who don't to get "the good things in life;" this includes access to material goods, needed services, and decent housing, as well as such intangible benefits as respect, acceptance, positive relationships, and integration into valued activities and social functions considered important and contributive by society. Those who hold roles that are devalued are not only less likely to get "the good things," but are also likely to receive the opposite: poorer quality food, housing, clothing, education, and health care, work others don't want, violence and brutality, scapegoating, rejection, separation, segregation and exclusion.

Devaluation can be of individuals or of whole groups or classes of people. Societal devaluation, where society as a whole, or at least in large part, holds a particular class of people in very low esteem is the most destructive; whole classes of people may be systematically mistreated. People will often follow when they see a class of people being devalued, and those in devalued roles also may begin to identify with these roles and to devalue themselves.

That homeless people are cast in devalued roles is evident. Based on only one characteristic- that of being homeless- the individual may also be cast in a variety of other negative roles, such as being dangerous, crazy, or a drunk. Overall, homeless individuals have few opportunities, less access to material goods than most people in society, and may often be victimized. Being cast in devalued roles further limits homeless people's access to valued roles, such as that of a worker, parent, or competent person. Thus, they may remain in devalued roles, which, in turn, confirms and justifies the low value society ascribes them. Individuals may begin to identify with these negative roles, thus becoming further entrenched in the culture of homelessness and devaluing themselves (e.g. Farrington & Robinson, 1999; Grigsby et al., 1990; Snow & Anderson, 1987).

Thomas and Wolfensberger (1999) describe in detail some of the ways in which devalued people may be treated. One way is to be seen as sick or diseased and treated as patients. When this happens, valued people may withdraw from the devalued, leaving them segregated and treated with less respect than those in valued roles. Thus, natural relationships are withdrawn or severed, and paid care-takers may become the only source of support. These relationships, however, lack permanence; when the professional role ends, so does the relationship.

Devalued people may experience physical discontinuity, such as being moved around against their will. They may experience a loss of control over life as others make decisions for them. Thus, the devalued become de-individualized. Their lives may be regimented and managed, and they may have no choice but to take what is offered. Potential is wasted as devalued people face no challenges, and are presented with no

opportunities, but instead must wait for services to help them. While this conceptualization was originally applied to the lives of institutionalized people, such as those with mentally illness or developmental disabilities, it fits equally well with the experiences of many homeless individuals in shelters.

In DeOllos's (1997) study of "shelterization" among homeless families, participants lost contact with friends and family, relying on shelter workers to direct their lives. They had to perform a variety of tasks in order to remain in the shelter, where life was regimented. When they were asked to leave the shelter, they relied on workers to relocate them. As the families in this study became acculturated to homelessness, they showed decreasing initiative, and grew to fit the role of the de-individualized, institutionalized people described by Thomas and Wolfensberger (1999).

It is possible for people to exit devalued roles and to take on valued positions in society. Thomas and Wolfensberger (1999) describe a variety of ways in which role valorization can be accomplished. The first is by improving the image of the devalued person. A positive image will be associated with positive roles, and therefore the person will be better-treated. To this end, the setting, appearance and activities of the devalued person should be close to or the same as those of valued people. Next, competency may be enhanced. The more competencies a person demonstrates, the more valued roles the person will be able to fill.

Competency itself is associated with having a positive image, increased expectations and, therefore, opportunities to develop further competencies, thus making more valued roles available, and more value will be accorded to the roles the individual already fills. To fill these valued roles is analogous to becoming integrated in the

community. An individual exiting homelessness to a setting associated with valued social roles, such as secure comfortable housing, would experience greater integration than one who exited to unstable or low-quality housing associated with poverty and marginalization.

However, simply being re-housed is not enough. Assuming valued social roles means engaging in valued activities, for example, rejoining the workforce or educational system. Supporting individuals with training to assume the competencies they need may go a long way to helping them become fully integrated members of society. Once individuals are housed and have left devalued social roles, they may begin to experience a greater sense of belonging in their communities.

Community integration is in many ways the antithesis of disaffiliation. While being disaffiliated involves, by definition, being separate and disenfranchised from the community, community integration implies the exact opposite. As individuals exit homelessness, rejoin the workforce, and develop a feeling of belonging in their communities, they may leave behind the devalued social roles, stigma, and discrimination associated with homelessness, and begin to develop ties to their neighbourhoods and connections to the larger community.

Facets of Community Integration

Community integration is not a unitary construct, but has multiple facets. In this thesis, I will focus on predictors of three facets of community integration: physical integration, economic integration, and psychological integration. Each of these facets is described in this section. I will also briefly define social integration, which may be an important contributor to other forms of community integration.

Storey (1989, cited in Flynn & Aubry, 1999) describes physical integration as physical presence in the community. He argues that physical integration is the “necessary first step for other forms of integration” and that “without physical integration, there cannot be social integration, relationships, and social networks. But mere physical presence may not necessarily lead to other forms of integration.” (p. 276). While Storey was describing the situation of individuals with disabilities, this statement is equally applicable to people who are homeless.

Simply being present in the community, for example being re-housed, cannot be considered the same as becoming fully integrated, but it is difficult to become re-integrated until a physical presence is established among the housed population. Clapham (2003) describes “housing pathways,” dynamic processes that take place over time and may include being homeless and becoming rehoused. These may, in turn, be related to other pathways such as pathways of employment or family maturation. Having housing allows the normal activities of living to take place and may be an important source of identity, which is closely tied to social roles and community integration. Having an identity as a “homeowner” or “tenant,” for example, implies a very different level of community integration than does an identity as a “homeless person.”

Economic integration may be defined as participation in the economic life of the community, either through employment or educational activities that can be expected to enhance future employment opportunities. People who have experienced homelessness may be particularly excluded from this arena. Brink (1996) argues that issues of poverty, housing and social exclusion are inextricably linked. She stresses the need for employment training as one tool to break the cycle of poverty, unemployment, and

homelessness. SRV theory stresses the need for devalued individuals to have the opportunity to participate in valued, contributive roles in society- roles that are often associated with paid work (Thomas & Wolfensberger 1999).

Psychological integration has been defined in terms of a psychological sense of community (PSOC), a sense of belonging and connection in the community (Wong & Solomon, 2002). Sarason (1976) describes PSOC as the sense that one is part of a “readily available, mutually supportive network of relationships upon which one could depend and as a result one did not experience sustained feelings of loneliness.” The importance of having a sense of belonging in the community as a dimension of community integration is highlighted by the principles of inclusion described in SRV theory (Thomas & Wolfensberger, 1999).

Those who are not integrated in the community do not experience the sense of emotional safety and freedom from shame, the trust in the community, or the mutual benefit that are essential elements of PSOC described by McMillan (1996). On the contrary, those in devalued roles are stigmatized and excluded, and are unlikely to experience any subjective sense of belonging. Developing a sense of belonging in the community, or PSOC, might be a protective factor against returning to what may have become a familiar role as a person who is homeless.

Finally, social integration may be defined in terms of engaging in normative interactions with community members and in terms of the size, diversity and support provided by the individual’s social network (Wong & Solomon, 2002). For people who have experienced homelessness, having normative interactions with neighbours and re-

establishing ties with social networks may be important steps towards other forms of community interaction, including economic integration and psychological integration.

Empirical Research on Community Integration

Little research has examined experiences of community integration following homelessness. The studies that were found examined the experiences of individuals with severe mental illness and focussed on housing options specific to that population. It is difficult to generalize these findings to a non-disordered population, who are likely to exit homelessness to “regular” housing in the community, rather than participating in supported housing programs. For this reason, it is necessary to examine community integration in other, non-clinical samples. In this section, I will first examine the research on the community integration of people with mental illness following homelessness and will then examine some of the research on community integration in non-clinical, community samples.

Community Integration Following Homelessness

Tsemberis and colleagues (Gulcur et al., 2007; Yanos, Barrow, & Tsemberis, 2004) have examined community integration of people diagnosed with severe mental illness who have experienced homelessness. Participants were residents of “Housing First” programs, a model wherein residents are placed in regular housing in the community, rather than segregated into institutional settings, and support services are provided based on individual need. Implicit in the Housing First model is the idea that providing housing in the community at large will promote community integration and well-being (Wong & Solomon, 2002). Research has provided some support for this contention: residents of Housing First programs achieve greater housing stability, report

higher levels of satisfaction with housing, experience fewer psychiatric symptoms, and experience improved social and personal functioning, when compared to other housing models for individuals with severe mental illness (Wong & Solomon, 2002; Yanos, Barrow, & Tsemberis, 2004).

Gulcur and colleagues (2007) found that having more choice in housing, and living in scattered, independent housing rather than institutional settings, were associated with higher levels of both psychological and social integration. Yanos and colleagues (2004) found that for most participants, being housed was a normalizing experience; they reported feeling “normal” and “part of society.” A majority reported feeling that they “fit in” in their neighbourhoods. Barriers to a sense of belonging were a lack of safety or security, a sense of having different values from others in the neighbourhood, and a sense that the neighbourhood lacked tolerance for differences. Neighbourhood characteristics may also have an impact on community integration following homelessness; Yanos, Felton, Tsemberis and Frye (2007) found that greater perceived “neighbourhood cohesion,” the sense that people in the neighbourhood are close to each other, predicted psychological integration.

In addition to housing-related variables, other factors can have an impact on community integration. Gulcur and colleagues (2007) found that higher levels of psychiatric symptomatology predicted lower levels of psychological integration. Yanos and colleagues (2007) found that social functioning, which included such activities as self-care, domestic tasks, occupational involvement, leisure activities and involvement in the community activities, was related to physical integration but not to psychological

integration. Psychological integration, however, was related to physical and social integration.

Community Integration in Community Samples

Studies examining community integration in non-clinical populations have looked at the relationship between community integration and physical well-being (Moen, Dempster-McClain & Williams, 1989), the process of community integration as a rebuilding of social ties (Guest & Stamm, 1993), and the relationship between community integration and psychological distress, social support and stressful life events (Gracia & Herrero, 2004).

In a longitudinal study of longevity and community integration in women, Moen and colleagues (1989) identified two aspects of community integration. Social-psychological integration was defined as a sense of belonging and connectedness to the community. Structural integration was defined as concrete involvement in various aspects of a collectivity and was measured in terms of social role occupancy. Moen and colleagues proposed that women who fulfilled a greater number of roles would experience greater access to different elements of society and would experience greater connectedness and, therefore, greater integration. They suggested that fulfilling multiple roles is associated with power, prestige, greater access to resources and emotional gratification. Through multiple roles, women could achieve community recognition and develop a sense of identity.

The nature and circumstances of role involvement is also important: some roles may involve stress, while others may provide emotional support, information, and advice. This conception of community integration has much in common with the principles of

SRV, which stresses the importance of filling valued social roles. Women in Moen and colleagues' (1989) study were followed for a 30-year period, and the specific roles examined in this study were that of a worker, a church member, a friend, a neighbour, a relative, and that of a club or organization member at the time of the first interview. Women who were involved in multiple roles at the time of the initial interview did live longer on average, and participation in clubs and voluntary organizations was an especially important predictor of longevity.

Moen and colleagues (1989) suggest that it was the exercising of choice, or role-autonomy, that may have been the most important factor in contributing to the longer lives of women who took on multiple roles. If it is correct that role-autonomy promotes well-being and longevity, then having limited role-autonomy may be detrimental to well-being. People who are homeless fill devalued social roles, as described by SRV theory (Thomas & Wolfensberger, 1999) and have little role autonomy. As individuals become entrenched in homelessness, and incorporate homelessness into their identities, they also face fewer real choices in terms of the roles they may fulfill, and it may become increasingly difficult for them to become reintegrated in the community.

Guest and Stamm (1993) examined community integration in a sample of newcomers to the Seattle area who had lived in the area for less than one year. Guest and Stamm conceptualized migration as the destruction of social ties and examined the process by which people re-build ties in a new community. Participants were asked about the amount of effort they put into nine types of activities associated with moving to a new community. Using cluster analysis, three dimensions of integration were identified. "Community social integration" was defined as seeking engagement in collective,

household-oriented activities and seeking social and service support, and included efforts made toward locating schools, child care, church or community groups, and health care. “Formal residential integration” included efforts made toward establishing oneself in one’s home and neighbourhood, and included efforts made toward finding appropriate housing and the right neighbourhood. “Personal integration” involved pursuing personal, individual needs such as finding a job, and locating stores and recreation facilities.

The first priority of most migrants appeared to be formal residential integration; newcomers to the city were occupied with finding housing. Finding work was an equally high priority. Little priority was given to community social integration activities such as finding churches or community groups, or establishing relationships with neighbours. This reflects the primary importance of both physical and economic integration. Until participants were housed and economically established in their new communities, social integration could not be made a priority. As time passed, these other activities may have become more important; however, there may be a critical time-period where establishing physical and economic integration is of primary importance.

Community integration may be associated with personal, interpersonal, and situational factors. Gracia and Herrero (2004) examined two dimensions of community integration. A sense of belonging in the community, analogous to psychological integration, was termed “integration.” Degree of involvement in the community, defined as concrete involvement in activities (e.g. participation in community organizations and associations), was termed “participation.” These authors found that participation and integration were correlated; those who experienced feelings of acceptance in and attachment to the community were also more likely to participate in community

activities. High levels of psychological distress were related to lower levels of both integration and participation. The authors suggest that just as individuals experiencing distress may have difficulty establishing or maintaining close support networks, they may also have difficulty establishing or maintaining less intimate forms of contact and participating in community activities.

Gracia and Herrero (2004) found that perceived social support was related to integration, but not to participation; those who reported a strong network of close social ties were also more likely to feel they were part of the community and to express feelings of attachment to the community, although they were not more likely to participate in community activities. Finally, stressful life events predicted lower levels of integration and participation. This result is particularly relevant to the study of homeless individuals all of whom, by definition, have shared an important negative life event: that of being homeless. In addition, many homeless individuals may have experienced a number of negative life events both prior to and during the course of homelessness. A high incidence of trauma, victimization, childhood family disruption and other negative events has been reported over and over again in the homelessness literature (e.g. Browne & Bassuk, 1997; Metraux & Culhane, 1999; Shinn et al., 1998).

Conclusion

Several elements of the theory and research described above can be useful in examining the experiences of formerly homeless individuals re-integrating into the community. SRV theory provides a framework for understanding the stigma and barriers to integration faced by those in devalued roles, and emphasizes how integral social roles are to identity. In conjunction with the literature on identity and acculturation to

homelessness, this underlines some of the important challenges that may be faced by individuals as they attempt to break out of the cycle of homelessness and adopt new, more valued roles. The empirical research described provides an outline of some of the ways in which community integration has been operationally defined, as well as of some of the important correlates of the different aspects of community integration.

In this thesis, I present and test predictive models of three specific facets of community integration in a sample of women who have experienced homelessness. These are physical integration, which will be defined as becoming stably housed; economic integration, which will be defined as participation in the workforce or educational system; and psychological integration, which will be defined as psychological sense of community. The literature specific to each facet of community integration is explored in detail in the corresponding manuscript.

CHAPTER 3

Overview of Current Research

Data for this research comes from the *Panel Study on Persons Who are Homeless in Ottawa* (the Panel Study), a longitudinal study conducted by the Centre for Research on Educational and Community Services at the University of Ottawa (Aubry et al., 2003; Aubry, Klodawsky, Nemiroff, Birnie & Bonetta, 2007). The methodology used in this research was approved by the Research Ethics Board at the University of Ottawa. The objective of the Panel Study was to examine housing and health trajectories of people who were initially homeless over time. In this section, I will briefly describe the Panel Study, presenting methodological details that are germane to the current study. Detailed descriptions of the sample and measures used in this thesis are provided in each of the three manuscripts. A correlation matrix of all predictor and predicted variables used in the study can be found in Appendix A.

Interview Protocol

The interview protocols for the Panel Study were developed through a consultative process. Investigators consulted with faculty members from a wide variety of disciplines at the University of Ottawa and Carleton University, and with representatives from community organizations whose members have contact with homeless or formerly homeless people. The interview protocols combined qualitative and quantitative measures, and covered a broad range of topics, including physical health, mental health, use of health care, social service use, housing, employment and income, social support, community integration, and demographic characteristics. Specific

measures used in each study in this thesis are described in the relevant manuscript.

Copies of the measures used can be found in Appendices B – G.

Participants and Procedure

Data collection for the Panel Study took place in two phases, the fall and winter of 2002-2003, and the fall and winter of 2004-2005. At Time 1, participants ($N = 412$) completed in-depth, in-person interviews. Follow-up interviews ($N = 255$) were done primarily in person, although some telephone interviews (36) were conducted to accommodate participants who were no longer living in Ottawa. Interviews were conducted by trained research assistants who were graduate students in Psychology or Social Work, or had work experience in interviewing and/or working with homeless people. Both Time 1 and Time 2 interviews lasted, on average, 75 minutes. Time 1 interviews were conducted in English (86%), French (7%) and Somali (3%) by interviewers. The services of cultural interpreters were used for additional interviews in Somali, Arabic, Spanish, Cantonese, Lingala, Russian and Ukrainian (4%). At Time 2, 87% of interviews were conducted in English, 5% in French and 5% in Somali. Cultural interpreters were used for interviews in Arabic, Spanish, Somali, and Cantonese (3%).

At Time 1, approximately equal numbers of participants were recruited in each of five subgroups. The total sample at Time 1 consisted of 412 individuals: 87 adult men aged 20 and over who were unaccompanied by children, 85 adult women aged 20 and over who were unaccompanied by children, 83 adults with dependent children under the age of 16, 79 male youth aged 16-19, and 78 female youth aged 16-19. A total of 255 participants (62%) participated in the follow-up interview. Tracking methodology, based on Toro and colleagues' (1999) methods was used and is described in the three

manuscripts. Retention rates were highest for adults with dependent children (71%) followed by women unaccompanied by children (65%). For the remaining subgroups, 49% of men unaccompanied by children, 65% of female youth, and 63% of male youth participated in the Time 2 interviews. Descriptive statistics for the current sample, including comparisons between those who participated in the follow-up interview and those who did not, are provided in the three manuscripts.

The sample for the current research was drawn from two of the Panel Study subgroups, women unaccompanied by children and adults with dependent children, and comprises all women aged 20 and over at Time 1 who participated in both phases of the study ($N = 101$). Women who lived with dependent children under age 18 at any time during the follow-up period or who were residing at a family shelter at Time 1 were considered women with dependent children ($n = 49$). All other participants were classified as women unaccompanied by children ($n = 52$). All participants were homeless and resided at emergency shelters at Time 1.

A quota sampling strategy was used in order to select a sample that was representative of the population of shelter users in Ottawa. Stratification was based on population data provided by participating shelters. For women unaccompanied by children, the sample was stratified in terms of length of shelter stay, in the following proportions: under 14 days (36%); 14-26 days (18%); 27-61 days (21 %); 62 or more days (21%) and unknown (4%). The sample was also stratified in terms of citizenship (Canadian or other), and approximately 85% of women unaccompanied by children were Canadian citizens. There was no stratification based on length of shelter stay for women with dependent children, and 70% percent of the women with dependent children were

Canadian citizens. The number of individuals recruited at each shelter was also proportionate to the number of potential participants residing at each shelter. Shelters sampled included city-run family shelters, a general-purpose women's shelter, shelters for women fleeing domestic violence, a shelter for newcomers to Canada, and a shelter for Aboriginal women. Additional eligible participants were recruited from other services, including drop-in centres and meal programs. Program staff aided in recruiting participants. Participants received honoraria of \$10.00 for participation in the first interview and \$20.00 for the second interview.

Women unaccompanied by children ($n = 52$) were compared to women with dependent children ($n = 49$) using Phase 1 demographic measures to determine if there were differences between the two groups. Women with dependent children ($M = 32.6$ years, $SD = 8.17$) were, on average, younger than women unaccompanied by children ($M = 38.5$ years, $SD = 11.65$), $t(99) = 2.9$, $p < .01$, two tailed. There was no difference in marital status. Women with dependent children had more minor children ($M = 2.41$, $SD = 1.34$), on average, than women unaccompanied by children ($M = .92$, $SD = 1.34$), $t(98) = -6.07$, $p < .001$, two-tailed. However, a substantial minority (44%) of women unaccompanied by children did report having at least one child under age 18. No differences were found in terms of level of education. Women unaccompanied by children were more likely than women with dependent children to be born in Canada ($\chi^2(1, N = 101) = 13.79$, $p < .001$). This is not surprising, given that the sample was stratified in terms of citizenship status based on information on the make-up of the homeless population provided by local shelters, which indicated that women with dependent children were more likely to be born outside of Canada.

A total 39 participants, 28 women with dependent children and 11 women unaccompanied by children, reported that they were not born in Canada. Of these, 41% reported being Canadian citizens, 31% reported being refugees or refugee claimants, and 21% reported being landed immigrants. Of those not born in Canada, nine reported that their country of origin was Somalia, three were from Rwanda, two were Palestinian, two from Ukraine, two from Colombia, two from Lebanon, and two from the United Kingdom. One participant each reported their countries of origin were Armenia, Burkina Faso, Burundi, China, Congo, Democratic Republic of Congo, Djibouti, Eritrea, Ethiopia, Haiti, Sudan, Gambia, the United States, Yemen and Zaire. Six of the foreign-born participants reported that they were unable to speak either English or French at Time 1. Of the 62 participants who were born in Canada, 47 reported being of European origin and nine of these reported being French-Canadian. Of the Canadian-born participants, 13 identified as Aboriginal or Inuit, one identified as East Indian, and one as Iranian. All spoke either English or French.

CHAPTER 4

Physical Integration

Contributions

The data for the study presented in the manuscript were collected as part of the *Panel Study on Persons Who are Homeless in Ottawa*. Dr. Tim Aubry and Dr. Fran Klodawsky, co-principal investigators for the Panel Study, developed and conducted the study with a team of researchers from the University of Ottawa, Carleton University, and St-Paul University. Ms. Rebecca Nemiroff developed the project and analysed the data for the research on homeless women presented in this manuscript. Ms. Nemiroff also conducted interviews with many of the women who participated in the study. Dr. Aubry supervised the doctoral thesis research presented in this manuscript.

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Running head: BECOMING HOUSED AFTER HOMELESSNESS

Factors Contributing to Becoming Housed for Women

Who Have Experienced Homelessness

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Abstract

This longitudinal study examined physical integration, defined as becoming re-housed, of women who were homeless at the study's outset. Participants ($N = 101$) were recruited at homeless shelters in Ottawa and participated in two in-person interviews, approximately two years apart. A predictive model identifying factors associated with becoming re-housed and the amount of time participants had resided in their current housing at follow-up was developed from previous empirical research and tested. Being accompanied by dependent children and having access to subsidized housing predicted being re-housed at follow-up. Having dependent children, higher levels of perceived social support, and having access to subsidized housing predicted being in one's housing for longer at follow-up. This research represents the first longitudinal study examining exits from homelessness in a sample of Canadian women. The findings suggest that providing housing subsidies is essential to helping women who have experienced homelessness to become physically integrated in their communities. In addition, it is suggested women who are unaccompanied by children would benefit from more intensive or more effective services.

Factors Contributing to Becoming Housed for Women Who Have Experienced Homelessness

Homelessness is a growing problem in Canada, and one that is garnering increasing attention in both the research literature and public consciousness (Gaetz, 2010; Hulchanski, Campinski, Chau, Hwang & Paradis, 2009). Recently, the United Nations Special Rapporteur on adequate housing described the situation in Canada as a “national crisis” and noted that women are among those who are particularly vulnerable to difficulties associated with inadequate housing (United Nations, 2007).

People who are homeless may be disaffiliated from the mainstream of society and often face barriers to becoming reintegrated in their communities. Clapham (2003) points out the importance of housing in allowing the normal activities of living, for example work and family life, to occur. Breese and Feltey (1996) argue that becoming homeless means the loss not only of housing, but also of the role of housed citizen and fully-functioning member of society.

This study examined predictors of becoming housed for women who have experienced homelessness from the perspective of community integration. Research to date investigating successful exits from homelessness leading to physical integration in the community have been conducted exclusively in the United States, with much of it conducted in the 1990s. The objective of the present study was to examine which factors contributed to women leaving homelessness in a Canadian context in the 2000s.

Homeless Women and Families

Homeless women, whether alone or with children, face a diverse set of challenges, including physical illness, low levels of education, unemployment,

victimization, (Buckner, Bassuk & Zima, 1993; Fisher, Hovell, Hofstetter & Hough, 1995) and, frequently, histories of family disruption and violence in childhood (Farrell, Aubry, Klodawsky, Jewett & Petty, 2000; Shinn, Knickman & Weitzman 1991; Shinn et al., 1998). Women who are homeless report higher levels of psychological distress and mental health problems than homeless men (Roll, Toro & Ortola, 1999). Women who are unaccompanied by children are more likely than women with dependent children, but less likely than single men, to report substance abuse difficulties (Farrell et al.; Roll et al.; Zlotnick, Robertson & Lahiff, 1999). Homeless women report higher levels of social support than do homeless men (Farrell et al.), but may also have less work experience and fewer work skills (Roll et al.). Women with dependent children appear to experience the fastest and most stable exits from homelessness. In contrast, women who are unaccompanied by children, while more likely than men to exit homelessness, are also more likely to experience repeated episodes of homelessness (Piliavin, Wright, Mare & Westerfield, 1996; Zlotnick et al.).

Community Integration

Social Role Valorization theory (SRV) focuses on the importance of social roles to community integration. According to SRV, those who hold valued social roles are more likely than those who don't to get "the good things in life," including access to material goods, needed services, and decent housing, as well as respect, acceptance, positive relationships, and integration into valued activities and social functions. Those who hold devalued roles are likely to receive the opposite: poorer quality food, housing, clothing, education, and health care, work others don't want, violence and brutality,

scapegoating, rejection, separation, segregation and exclusion (Thomas & Wolfensberger, 1999).

Although SRV theory was developed to conceptualize community integration of people with developmental disabilities, it can be easily applied to people who are homeless. Homeless individuals are placed in roles devalued by society; they have fewer opportunities and less access to material goods than most people, and are frequently victimized. Being cast in devalued roles limits homeless people's access to valued roles, such as that of a worker, parent, or competent person. Thus, they often remain in devalued roles, which, in turn, reinforces the low value society ascribes them. Individuals may begin to identify with these negative roles, thus becoming further entrenched in the culture of homelessness and devaluing themselves (Farrington & Robinson, 1999; Grigsby Baumann, Gregorich & Roberts-Gray, 1990; Snow & Anderson, 1987).

Several facets of community integration have been identified in the literature. Aubry and Myner (1996) identified three facets of community integration. Social integration includes normative interactions with community members, and the size, diversity and support provided by individuals' social networks. Psychological integration is a sense of belonging in the community. Aubry and Myner defined physical integration as participation in the community outside the home. For people who are homeless, physical integration may be defined as being stably housed: to become present in the community is not to become fully integrated, but it is difficult to become re-integrated until a physical presence has been established among the housed population. Storey (1989, cited in Flynn & Aubry, 1999) argued that for individuals with disabilities, physical integration is the "necessary first step for other forms of integration" (p. 276).

Little previous research has examined becoming re-housed following homelessness from the perspective of community integration. No empirical studies were found examining the community integration of a non-clinical sample of people who have experienced homelessness; however, one research group has investigated the community integration of people with severe mental illness who have experienced homelessness. These authors found that having more choice in housing and living in scattered, independent housing, rather than institutional settings, were associated with higher levels of both social and psychological integration (Gulcur, Tsemberis, Stefancic & Greenwood, 2007). Participants reported that being housed was a normalizing experience; they described feeling “normal” and “part of society” as a result of being housed (Yanos, Barrow & Tsemberis, 2004).

Becoming housed may be the first step toward becoming integrated in the community. Guest and Stamm (1993) found that finding housing and work were the first priorities of individuals moving to a new city. It is also important that housing be stable in order for individuals to become truly integrated in the community. Moving from homelessness to low quality housing and back again may present an important obstacle to other forms of community integration. As individuals struggle with poverty and unstable, sub-standard living conditions, they continue to occupy devalued social roles, excluding them from valued social roles and becoming fully participating community members. The present study tested a model of physical integration in the community for a sample of women who have experienced homelessness.

Model of Physical Integration

The model of physical integration guiding our study is based on the work of Piliavin and colleagues (1993, 1996) and Zlotnick and colleagues (1999). As presented in Figure 1, the model specifies several predictors of two aspects of physical integration, Housing Status (i.e., housed or not housed at follow-up) and Time in Current Housing (i.e., the amount of time participants had resided in their most recent housing at follow-up). Our review of the literature on homelessness among women found support for the predicted variables of leaving homelessness presented in the model.

Family Status

Family status was conceptualized based on whether participants were accompanied by dependent children at any time over the study period. Past research has demonstrated that women with dependent children tend to have shorter episodes of homelessness than women who are unaccompanied by children, (Burt & Cohen, 1989; Wong & Piliavin, 1997; Zlotnick et al., 1999) and are more likely to obtain stable housing (Wong, Piliavin & Wright, 1998; Zlotnick et al.).

Disaffiliation

Disaffiliation was conceptualized as having low levels of perceived social support. A number of indicators of disaffiliation have been studied in relation to homelessness, including disruptive childhood experiences, parental and marital status and criminal history (e.g. Piliavin et al., 1996; Zlotnick et al., 1999). However, only perceived social support has been associated with exiting homelessness (Cohen Ramirez, Teresi, Gallagher & Sokolovsky, 1997) and achieving housing stability (Anucha, 2003; Bassuk et al., 1997).

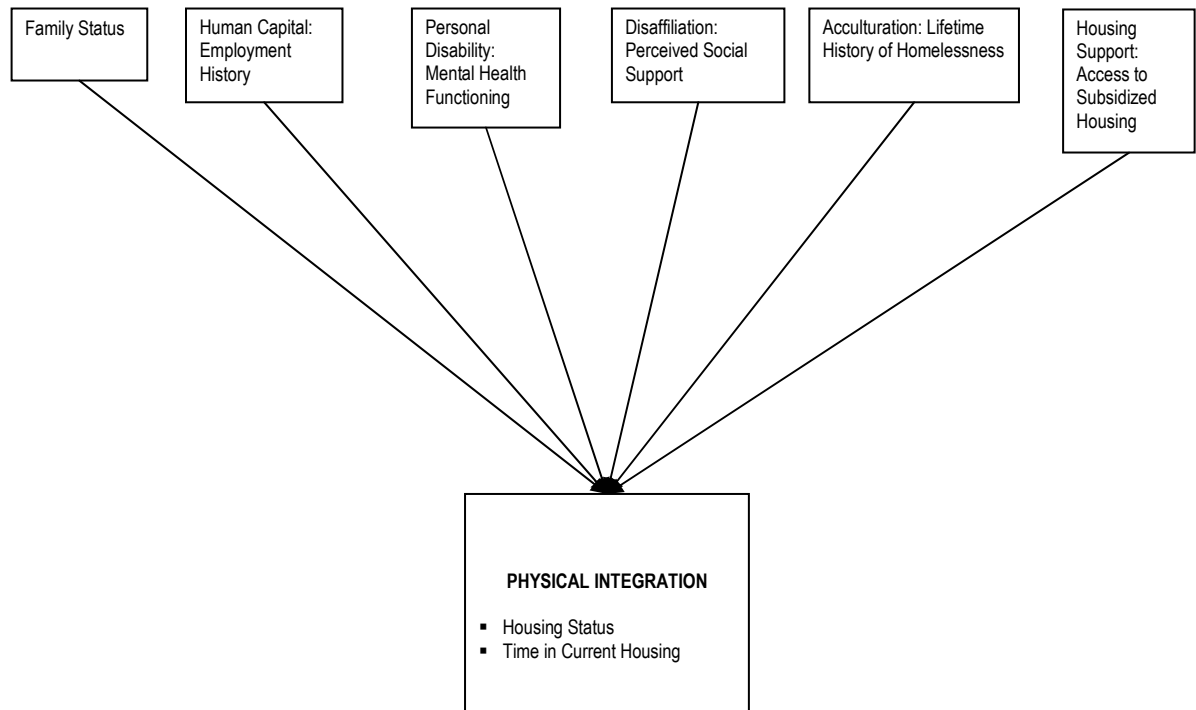


Figure 1. Pathway model of physical integration: Relationship of family status, disaffiliation, acculturation, personal disability, human capital and housing support to physical integration.

Acculturation to Homelessness

Acculturation to homelessness was operationally defined by the amount of time spent homeless in a participant's lifetime, with longer lifetime histories of homelessness representing higher levels of acculturation. Piliavin and colleagues (1993) found an association between comfort with street life and total amount of time spent homeless. Zlotnick and colleagues (1999) used the total amount of time spent homeless over a lifetime as a measure of acculturation. Shorter lifetime histories of homelessness have been associated with an increased chance of exiting homelessness and obtaining stable housing (Piliavin et al., 1996; Zlotnick et al.).

Personal Disability

Personal disability was examined in terms of mental health difficulties, specifically symptoms of anxiety and depression and consequent impairment in functioning. Symptoms of specific mental health diagnoses were not examined, as severe mental health symptoms were expected to cause significant difficulties in functioning, which, in turn, would be captured by a measure of general impairment. Mental health difficulties have been associated with a decreased chance of exiting homelessness for women unaccompanied by children, and a return to homelessness for women with dependent children (Wong & Piliavin, 1997).

Human Capital

More time spent in the work force has been associated with a decreased chance of returning to homelessness after becoming housed (Piliavin et al., 1996). Caton and colleagues (2005) found that having a history of current or recent employment predicted shorter episodes of homelessness. In a qualitative study, Anucha (2003) found

that participants cited unemployment and underemployment as important challenges to housing stability.

Housing Support

Housing support such as receiving subsidized housing has been found to be the an important predictor of becoming and remaining housed in a number of studies (e.g. Zlotnick et al., 1999; Wong & Piliavin, 1997; Shinn et al., 1998). Receipt of government assistance such as welfare has been found to facilitate housing stability in American studies (e.g. Zolnick et al.; Shinn et al.), but as the vast majority of participants in the current research were receiving benefits at the time of the initial interview, the role of government assistance was not examined.

The current study expands on previous research on homelessness and becoming re-housed following homelessness, and examines this experience from the perspective of community integration. Few studies have been conducted in the Canadian context, and most existing studies were conducted in the 1990's. In addition, by using longitudinal data, this research contributes to a small, but growing, body of work concerned with following individuals who have experienced homelessness over time.

Method

Participants and Procedure

This research was conducted as part of a larger, longitudinal study on homelessness in Ottawa (Aubry, Klodawsky & Hay, 2003; Aubry, Klodawsky, Nemiroff, Birnie & Bonetta, 2007). The methodology used in the study was approved by the Research Ethics Board at the University of Ottawa. Data collection took place in two phases, the fall and winter of 2002-2003, and the fall and winter of 2004-2005. At Time 1, approximately equal numbers of participants were recruited in each of five subgroups: adult men who were unaccompanied by children, adult women who were unaccompanied by children, adults with dependent children, male youth, and female youth. The sample for this paper consists of all adult women aged 20 or older who participated in both phases of the larger study ($N = 101$). All participants were homeless and resided at emergency shelters at Time 1.

At Time 1, the sample consisted of 85 women who were unaccompanied by children and 69 women with dependent children. A quota sampling strategy was used in order to select a sample that was representative of the population of shelter users in Ottawa. Stratification was based on population data provided by participating shelters. For women unaccompanied by children, the sample was stratified in terms of length of shelter stay, in the following proportions: under 14 days (36%); 14-26 days (18%); 27-61 days (21 %); 62 or more days (21%) and unknown (4%). The sample was also stratified in terms of citizenship (Canadian or other), and approximately 85% of women unaccompanied by children were Canadian citizens. There was no stratification based on length of shelter stay for women with dependent children, and 70% percent of the women

with dependent children were Canadian citizens. The number of individuals recruited at each shelter was also proportionate to the number of potential participants residing at each shelter. Shelters sampled included city-run family shelters, a general-purpose women's shelter, shelters for women fleeing domestic violence, a shelter for newcomers to Canada, and a shelter for Aboriginal women. Additional eligible participants were recruited from other services, including drop-in centres and meal programs. Program staff aided in recruiting participants. Participants received honoraria of \$10.00 for participation in the first interview and \$20.00 for the second interview.

In order to locate participants for follow-up interviews, participants were asked at Time 1 to provide consent for researchers to contact individuals and/or agencies including friends, family members, service providers, hospitals and shelters, as well as to provide their personal cell phone numbers and e-mail addresses when available. Participants were also asked to provide consent for the researchers to contact the municipal Employment and Financial Assistance branch, which distributes social benefits, to search for addresses and phone numbers of participants.

The majority of participants signed both forms, and provided at least one contact person. Brief follow-up was made by phone approximately one year following the initial interview, to maintain contact and update contact information (Aubry, Klodawsky, Hay, Nemiroff & Hyman, 2004). Participants were re-contacted approximately one year later to schedule follow-up interviews. Retention rates were 71% for women with dependent children and 65% for women unaccompanied by children. The final follow-up sample consisted of approximately equal numbers of women with dependent children (n=49) and women unaccompanied by children (n=52).

Measures

Predictor Variables

Family status. Participants were asked whether they had any children, the children's ages, and how many of their children normally lived with them at both the Time 1 and Time 2 interviews. Women with dependent children were those who lived with dependent children under age 18 at any time during the study period. All other participants were unaccompanied by children. Participants who resided in family shelters at Time 1 were considered women with dependent children since they had at least one dependent child under 18 years old living with them. Family status was confirmed at Time 2 using Toro and colleagues' (1997) Housing, Income, and Service Timeline (HIST), which consists of a housing history table on which the interviewer records a detailed history of the participant's living situation, employment, and income.

Employment history. Employment history was operationally defined as the percentage of time the participant had spent in the work force since age 16. This was assessed via an interview question at Time 1: "Since you were 16 years old, approximately how many years have you spent working for pay?" A proportion of adult years spent working was then calculated. First, the number of years since age 16 was calculated by subtracting 16 from the participant's current age at Time 1. The number of years worked was then divided by the number of years since age 16 in order to derive a proportion.

Mental health functioning. Mental health functioning was assessed at Time 1, using the mental component summary measure (MCS) of the SF-36, Version 2 (Ware, Kosinski & Gandek, 2002). The SF-36 is a screening instrument that provides a self-

report measure of physical and mental health relative to a general population that can be matched by age and sex. Ware and colleagues report internal consistency and reliability for group comparisons above .80 for all sub-scales of the SF-36. For the current sample, internal consistency for the MCS was high ($\alpha = .92$).

Perceived social support. Perceived social support was measured at Time 1 using a brief, 5-item version of the S Scale of the Social Support Questionnaire (SSQ) (Sarason, Levine, Basham & Sarason, 1983). On the measure, participants list individuals who provide them with various types of support, then rate their satisfaction with each type of support on a 6-point scale that ranges from 1 (“very dissatisfied”) to 6 (“very satisfied”). A sample item from the SSQ is, “Whom can you count on to console you when you are very upset?” The overall S score is obtained by dividing the sum of scores for all items by 5. The possible range of scores for the 5-item SSQ S Scale is from 1-6, with high scores indicating higher levels of satisfaction. Sarason and colleagues report very high internal consistency of the full-scale, 27-item SSQ ($\alpha = 0.94$ for S). Test-retest reliability for the full scale over a period of one month is also strong ($r = .83$ for S). For the current sample, internal consistency of the 5-item version was also high, $\alpha = 0.87$.

Lifetime history of homelessness. Number of months spent homeless was measured using the HIST, described above (Toro et al., 1997). Criteria for homelessness, based on Toro and colleagues (1999), were that participants did not have their own house, apartment or room and were either a) living on the streets or in shelters or b) staying temporarily in the home of friends or family and did not pay rent regularly. At Time 1, participants were asked their housing history for the past three years. Participants were then asked if they had any additional experiences of homelessness that had not already

been recorded, and if so, how long they had been homeless. These questions were repeated until participants indicated that they had experienced no additional episodes of homelessness. Further episodes of homelessness were recorded at Time 2. If additional episodes of homelessness occurred between the Time 1 and Time 2 interviews, these were included in the calculation of the final amount of time homeless for each participant. However, the most recent homeless episode before becoming housed was excluded in order to avoid overlap with the amount of time housed variable used in other analyses (see Chapter 5). Toro and colleagues report a test-retest correlation of the time homeless variable of the HIST of .73, based on a lifetime version of the HIST in a study of 31 homeless adults.

Access to subsidized housing. This was a dichotomous variable based on whether participants accessed subsidized housing at any time over the follow-up period. Housing support was assessed via the HIST (Toro et al., 1997) at Time 2. Participants were asked, “What type of housing was it?” for each address they reported. If participants reported living in subsidized or social housing at any address listed at Time 2, they were considered to have accessed subsidized housing. In addition, addresses of housing in which participants lived were compared to a current listing provided by the municipal government of social housing addresses in which rent was subsidized. Participants who reported living in residential treatment settings were considered to have accessed subsidized housing as they had accessed living situations that were funded at least partially by government and included rent subsidies for its residents, including supportive housing ($n = 3$) and a government-funded long-term care facility ($n = 1$).

Finally, participants who responded “yes” to either of the following questions about their current housing at Time 2 were considered to have accessed subsidized housing:

1. Do you know whether the place you are living in now is social housing?
2. Is the rent for your current housing subsidized?

Predicted Variables

Two aspects of physical integration, housing status and time in current housing, were examined in order to understand participants’ experiences with becoming re-housed.

Housing status. A dichotomous variable was created to classify participants as “stably housed” or “not stably housed.” Participants were considered stably housed if they had been in housing for 90 days or more at follow-up. Ninety days was chosen as it reflects a moderate amount of housing stability, and is used as a measure of housing stability by the Government of Ontario. Housing was defined as owning or renting one’s own house, room or apartment, including subsidized or social housing, or living on a permanent basis with other people such a spouse, partner, or family members. Participants were considered housed if they had been living in transitional, supportive, or supported housing for at least 90 days at follow-up. Housing status was assessed at Time 2 using the HIST (Toro et al., 1997), described above.

Time in current housing. The amount of time participants had resided in their most recent housing at Time 2 was measured using the HIST (Toro et al., 1997). Participants’ housing status was assessed to ascertain if they were housed or homeless at follow up. Participants were considered housed if they reported owning or renting their own house, room or apartment, including subsidized or social housing, or living on a

permanent basis with other people such a spouse, partner or family members.

Participants were considered housed if they were living in transitional, supportive, or supported housing at follow-up. Unlike the housing status variable, participants were considered housed if they reported living in any of these housing circumstances for any length of time at follow-up. A total of eight participants who were residing in shelters were considered homeless. The number of consecutive days participants had lived in their most recent housing was then calculated for all housed participants. Time in current housing was entered as zero for participants who were homeless at follow-up.

Results

Sample Characteristics

A total of 154 women were recruited at Time 1. The current sample consists of the 101 participants who participated in the follow-up interview. These were 52 women unaccompanied by children and 49 women with dependent children. At Time 1, the average age of participants was 35.6 years ($SD = 10.5$). The majority (76%) reported being non-partnered (i.e., single, separated, divorced or widowed), while 24% reported being partnered (i.e., married, living with a romantic partner or being in a common-law relationship). Participants reported having, on average, 1.6 children under age 18 ($SD = 1.46$). Women with dependent children had more minor children ($M = 2.41$, $SD = 1.34$), on average, than women unaccompanied by children ($M = .92$, $SD = 1.34$), $t(98) = -6.07$, $p < .001$, two-tailed. However, a substantial minority (44%) of women unaccompanied by children did report having at least one child under age 18.

A sizeable minority of participants (37%) reported that they had less than a high school education. An additional 43% reported a high school diploma as their highest educational attainment, 11% reported having a college diploma below a bachelor's degree, or a trade or technical certificate, and 8% reported having a university degree. Thirty-eight percent ($n = 39$) reported that they were not born in Canada. Of these, 41% reported being Canadian citizens, 31% reported being refugees, and 21% reported being landed immigrants.

Table 1 shows means and standard deviations or percentages for the sample on each of the variables in the physical integration model. Overall, the women in this study reported low levels of mental health functioning at Time 1 ($M = 35.60$, $SD = 12.54$)

compared to the normative sample of respondents from the 1998 survey of the U.S. general population ($M = 50$, $SD = 10$), $t(2573) = 14.03$, $p < .001$, two-tailed. No Canadian comparative data were available. At Time 2, participants reported being homeless for, on average, approximately 19 months over their lifetimes; however, there was a large degree of variability in this (range = < 1 month – 152 months). Many participants (20%) reported additional episodes of homelessness during the follow-up period.

Table 1

Sample Characteristics

Variable	Whole Sample ($N = 101$) M (SD) or %
Time in current housing (days) ($N = 101$)	397.79 (283.92)
Housing status (% housed 90 days or more)	88%
Family status (% unaccompanied by children)	52%
Perceived social support (SSQ-S)	4.70 (1.37)
Lifetime history of homelessness (months)	18.65 (28.73)
Mental health functioning (SF-36 MCS)	35.60 (12.54)
Employment history (proportion of time worked since age 16)	42.14 (31.16)
Access to subsidized housing (% accessing subsidized housing at any time over study period)	63.37%

A majority of participants (68%) reported being on the waiting list for social housing at Time 1. Among this group on the waiting list, 80% reported accessing subsidized housing during the study period at Time 2. Participants who had been housed for at least 90 days ($n = 89$) at Time 2 reported spending, on average, 36% of their income on housing. Of those who were re-housed, 59 (66%) had accessed subsidized housing over the study period; of these, all but two were residing in subsidized housing at follow-up. Participants who did not access subsidized housing spent, on average, 45% of their income on housing at Time 2, while those who did access subsidized housing spent an average of 31% ($t(70) = 2.60, p = .01$, two-tailed).

Respondents at follow-up vs. non-respondents. Tracking efforts yielded a follow-up rate of 66%. Respondents ($n = 101$) were compared to non-respondents ($n = 53$) on scores of variables in the model at Time 1 to determine if there were differences between the two groups. No significant differences were found in terms of age, marital status, level of education, whether participants were born in Canada, or immigration status. Respondents had lived in Ottawa for longer on average than non-respondents, $t(152) = -2.28, p < .05$, two-tailed. Long time residents may have been more likely to remain in Ottawa, and may have also provided more local contacts than shorter-term residents, making it easier to re-contact them for follow-up.

There were no differences between respondents and non-respondents on any of the predictor variables used in the physical integration model, which included family status, perceived social support, lifetime history of homelessness, level of mental health functioning, and employment history. No comparisons were made for access to subsidized housing as this was measured at Time 2; however, respondents and non-

respondents were equally likely to report being on the social housing waiting list at Time 1.

Data Screening

Data were screened for missing values on all predictor variables. SPSS MVA was used to replace missing data for composite measures where at least 80% of items were completed. Where less than 80% of items were completed, cases were excluded from the regression analysis. Missing data were replaced for 4 cases on the employment history variable, and for 5 cases on the social support variable.

Results of evaluation of assumptions for the regression analyses led to transformations of selected variables to reduce skewness and improve the normality, linearity, and homoscedasticity of residuals. However, as overall results did not differ from those obtained using untransformed variables, the untransformed variables were retained. With the use of a $p < .001$ criterion for Mahalanobis distance, no multivariate outliers among the cases were found.

Model of Physical Integration

A logistic regression was conducted to predict housing status at follow-up, and a multiple regression was conducted to predict time in current housing at follow-up. An a priori power analysis was conducted using G*Power 3 (Faul, Erdfelder, Lang, & Buchner, 2007). In order to detect a medium effect size ($f^2 = .15$) for a regression equation with 6 predictor variables with power = .80, a sample size of $N = 98$ is needed. Therefore, our sample size of $N = 101$ was considered to have sufficient power to detect a medium effect for relationships between predictors and predicted variables.

Housing status. A post-hoc, direct logistic regression was conducted using PASW Statistics 18 to examine whether the physical integration model would predict participants' housing status at Time 2. A test of the full model with all six predictors against a constant-only model was statistically reliable, $\chi^2 (6, N = 101) = 20.09, p < .01$, indicating that, as a set, the six predictor variables reliably distinguish between women who were housed for at least 90 days at follow-up and those who were not. The model successfully accounted for a moderate amount of variance in housing status, with Nagelkerke $R^2 = .35$.

Table 2 presents the regression coefficients, Wald test statistics, odds ratios and 95% confidence intervals for odds ratios for each of the 6 predictor variables. Of the six predictors, two successfully distinguished women who were stably housed at follow-up from those who were not. These were family status, with women with dependent children being more likely to be stably housed than women who were not accompanied by children, and access to subsidized housing, with women who had accessed subsidized housing being more likely to be stably housed than those who did not. A series of post-hoc, sequential logistic regression analyses was conducted to test for interactions effects between each of the predictor variables on housing status. No significant interaction effects were found.

Time in current housing. A standard multiple regression analysis was conducted using PASW Statistics 18 to test the ability of the physical integration model to predict time in current housing. Overall, the model was statistically significant, $F (6, 94) = 5.45, p < .001$. The six predictor variables combined accounted for a moderate amount (26%) of the variance in time in current housing ($R^2 = .26$). Table 3 shows semi-partial

correlations (sr), unstandardized regression coefficients (B) and standardized regression coefficients (β) for the standard multiple regression. Only the family status variable yielded a significant semi-partial correlation, with being in a family predicting a greater time in current housing.

Table 2

Results of Logistic Regression Predicting Housing Status

Variable	<i>B</i>	Wald Test (<i>z</i> -ratio)	Odds Ratio (<i>e^b</i>)	95% Confidence Interval for Odds Ratio	
				<i>Lower</i>	<i>Upper</i>
Family status	2.37	3.95*	10.68	1.03	110.52
Employment history	.01	1.03	1.01	.99	1.04
Mental health	-.04	.82	.97	.90	1.03
Perceived social support	.05	.10	1.05	.57	1.95
Lifetime history of homelessness	.00	.00	1.00	.98	1.02
Access to subsidized housing	2.11	4.32**	8.25	1.56	43.63
Constant	1.03	.31	2.80		

p* < .05; *p* < .01.

Table 3

Results of Multiple Regression Predicting Time in Current Housing.

Variable	β	<i>sr</i>	<i>B</i>
Family status	.37	.32	200.13***
Employment history	-.04	-.04	-.31
Mental health	.01	.01	.27
Perceived social support	.24	.23	47.77**
Lifetime history of homelessness	.09	.09	.90
Access to subsidized housing	.21	.20	120.28*

p* < .05; *p* < .01; ****p* < .001

Discussion

This study examined predictors of physical integration in the community for a sample of women who have experienced homelessness. The model of physical integration presented was partly supported; however, the results also suggest that predictors of physical integration for this sample of women in a mid-size Canadian city may differ from those found in past American research. Family status, perceived social support and access to subsidized housing appear to contribute to the physical integration of women who have experienced homelessness. Women with dependent children were more likely than women who were unaccompanied by children both to become re-housed, and to remain in their housing for longer. The difference between the two groups was substantial; odds ratios indicate that women with dependent children were more than ten times more likely than women unaccompanied by children to become stably housed, and had resided in their current housing for substantially longer (515 vs. 304 days) ($t(99) = -4.17, p < .001$, two-tailed). Although families are given priority access to subsidized housing, the regression equations account for the unique variance contributed by each independent variable, indicating that the relationship between family status and physical integration exists regardless of whether participants had access to subsidized housing.

There are a number of possible explanations for the impact of family status on physical integration. First, in the larger study from which these data were taken, women with dependent children reported fewer personal disabilities overall than did women who were unaccompanied by children. This includes fewer physical and mental health difficulties as well as less substance abuse (Aubry et al., 2003). This is highlighted by the fact that a substantial proportion of the women unaccompanied by children were, in fact,

mothers of children under age 18, but did not have their children in their custody at any time during the study period. This suggests that these women were unable to care for their children for a variety of reasons, which may have included personal disability. Mental health functioning did not predict physical integration in this sample; however, examination of a broader range of personal disability variables may have revealed an association between personal disability and physical integration.

Second, women with dependent children tended to be younger than women unaccompanied by children, and some research has shown that a younger age is associated with a greater chance of becoming re-housed (Caton et al., 2005). A third possible explanation of women with dependent children's greater integration has to do with the motivation associated with having children to care for. The demands of parenting might have led some women to remain in housing that they might otherwise have left for a variety of reasons. It is also possible that affordable, high quality rental units are more readily available for women with dependent children, who receive higher social assistance rates than women unaccompanied by children.

While both women unaccompanied by children and women with dependent children spent, on average, about a third of their income on housing, women with dependent children tended to have higher incomes and may have been able to afford better housing than women unaccompanied by children. Women may be more likely to exit homelessness if high quality housing is available, and higher quality housing may, in turn, be conducive to remaining housed. Finally, services to help women with dependent children access housing may be more intensive, effective or readily available than services for women unaccompanied by children.

Perceived social support, a measure of disaffiliation, not related to becoming stably housed; however, higher levels of perceived social support predicted being in one's current housing for longer in this sample. Overall, participants reported relatively high levels of satisfaction with social support at Time 1, suggesting that despite their homelessness, the women in this sample felt they had available social support. It is possible that for a variety of reasons, participants did not call upon their available social supports when looking for housing, but once housed, having social support available helped participants to retain their housing. Members of participants' social support networks might themselves lack the resources to provide material or instrumental support to help participants attain housing, but may be able to provide enough support to help participants remain in their housing over time. Having a strong social support network in one's neighbourhood, for example, might encourage women to remain in housing in order to remain close to friends or family. Finally, social networks may have included service providers who helped participants to remain housed.

Access to subsidized housing was another important predictor of physical integration, with odds ratios indicating that women who had accessed subsidized housing were more than eight times more likely to become re-housed than women who did not access subsidized housing. This is not surprising, as access to subsidized housing has been shown to be a strong and consistent predictor of becoming re-housed and of housing stability in past research (Shinn et al, 1998; Wong & Piliavin, 1997; Zlotnick et al., 1999). In addition, in the current study, women who had accessed subsidized housing paid a significantly smaller proportion of their income on housing compared to those who did not access subsidized housing. Surprisingly, access to subsidized housing was

associated with becoming re-housed, but was not predictive of time in current housing. One possible explanation for this has to do with the length of time participants had been housed. Women in this study were housed for, on average, 1.44 years. However, there was tremendous variability in the length of time housed, which varied from 0% to 100% of the follow-up period. There is a long waiting list for subsidized housing in Ottawa. In 2009, there were 10 235 households on the waiting list (Alliance to End Homelessness, 2010). Waiting time for subsidized housing for someone who is homeless may range anywhere from one month to one year in Ottawa (personal communication, Social Housing Registry of Ottawa, June 17, 2008), and may be much longer for those who are not homeless. It may be that once women in the study accessed subsidized housing, they were able to remain housed; however, the long wait for subsidized housing means that some women may have accessed subsidized housing only toward the end of the follow-up period.

The remaining predictor variables, employment history, mental health functioning, and lifetime history of homelessness were not supported by the physical integration model. Employment history was used as a measure of human capital, which has been found to contribute to attaining and retaining housing in past research (Caton et al., 2005; Piliavin et al., 1996). It may be that current employment, not lifetime history of employment, is a better predictor of attaining physical integration. However, only eight participants were working at Time 1. The majority of women in the sample had relatively sparse work histories, and few had more than a high school education. Women experiencing homelessness may have few work skills and be unable to get more than very low-wage jobs, which would not provide the income necessary to exit homelessness to

stable housing. For women with young children, the costs associated with childcare may pose additional barriers to finding or attaining work.

Although mental health difficulties have been found to be a barrier to housing stability in past research (Wong & Piliavin, 1997), mental health functioning was not a significant predictor of physical integration in this sample. However, no specific mental health diagnoses were examined. It may be that for some women, severe mental health difficulties make attaining and retaining housing challenging. However, for others, these difficulties may actually provide access to services and housing options such as supportive housing that would not otherwise be available. A closer examination of the housing trajectories of participants suffering from mental illness might yield greater insight the impact of mental health functioning on physical integration following homelessness.

Length of time homeless, a measure of acculturation to homelessness, was not predictive of physical integration. This finding was surprising given that past research has found that spending a greater length of time homeless over one's lifetime is associated with a diminished probability of becoming and remaining housed (Piliavin et al., 1993; Piliavin et al., 1996; Zlotnick et al., 1999). While these authors have suggested that acculturation may make it difficult to exit homelessness and put some individuals at risk of falling back into homelessness after obtaining housing, this was not true of this sample. It may be that this finding holds true for men and not women, given that the majority of participants (approximately 75-85%) in these earlier studies were men.

Limitations

A limitation of this study was the sample size. Unfortunately, approximately one-third of participants were lost to attrition at follow-up, resulting in relatively small sample of women. A larger sample would have provided to opportunity to examine the experiences of women with and without dependent children separately, allowing a richer understanding of their diverse experiences of physical integration. A larger sample would also have allowed examination of a wider variety of predictor variables, thus providing a fuller and more accurate picture of what helps women become physically integrated in their communities following homelessness.

Another limitation may be the sampling strategy that was used. The sample may not be representative of all homeless women in Ottawa. Almost equal groups of women unaccompanied by children and adults with dependent children were recruited for the purposes of this study. However, approximately 25% more women unaccompanied by children than adults in families stayed in Ottawa shelters in 2009 (Alliance to End Homelessness, 2010). As well, all the women in this study resided in shelters at Time 1, which excluded women living in other situations such as on the street, in abandoned buildings, or staying temporarily with friends or family. In addition, since service providers aided in recruitment of participants, there is the possibility that there may have been some bias in the sample, most likely toward higher functioning individuals.

A third limitation is that the study relied on self-reported information. Self-report data may be vulnerable to the effects of bias or inaccuracy due to faulty memory, lack of information, or reticence on the part of participants. A related limitation is the use of only quantitative data in this study. However, findings from qualitative data were also

gathered and have been reported elsewhere (Klodawsky, Aubry, Nemiroff, Bonetta & Willis, 2007). The qualitative data support the importance of providing subsidized housing, and provide additional insights into barriers and facilitators of becoming rehoused.

Another limitation is the nature of the social and housing services in Ottawa, which may differ from those in other cities. This may limit the generalizability of the findings.

A final limitation of the study is the relatively small proportion of the sample that remained unhoused at follow-up. This is clearly a positive outcome for study participants; however, it is difficult to determine what helped these women to achieve physical integration in their community. Exiting homelessness and achieving housing stability are likely complex processes that may not be easily explained by the relatively limited model presented here.

Conclusions and Implications

Overall, the model of physical integration of women who are homeless, developed from previous American longitudinal research, was partially supported. The conducted research represents the first longitudinal study examining the exiting from homelessness in a sample of Canadian women. There was some good news; a majority of women were housed for at least three months at follow-up, and many had remained in their housing for a significant period of time. However, achieving housing stability was a challenge for many participants. One fifth reported additional episodes of homelessness during the follow-up period. In addition, rents are prohibitively high for many women who have experienced homelessness, putting them at risk for further episodes of

homelessness. Among women who had not succeeded in accessing subsidized housing, nearly half (48%) spent more than 50% of their income on housing.

It is clear that provision of subsidized housing is essential to help women exit homelessness. However, additional support services are necessary in order to help some women who have experienced homelessness to remain housed over time. Overall, improving the financial resources of women who have experienced homelessness, whether by providing subsidized housing, higher rates of social assistance, or better opportunities for employment would go a long way to helping women who have experienced homelessness to become physically integrated in their communities.

It is also clear from these findings that women unaccompanied by children and women with dependent children have different housing outcomes. Existing services appear to be helping women with dependent children to exit homelessness and remain stably housed. However, women unaccompanied by children experience greater difficulty and may need increased services to attain physical integration. As noted above, women who are unaccompanied by children had poorer physical and mental health than women with dependent children, and are more likely to have substance abuse difficulties (Aubry et al., 2003). For some women, services may be needed to address these difficulties in conjunction with housing services.

In addition, women with dependent children may receive more intensive or more effective services than women who are unaccompanied by children. In general, greater efforts appear to be made to end and prevent homelessness for families than for adults who are not accompanied by children. Since these efforts appear to be effective in promoting the physical integration of women with dependent children, it is clear that

similar efforts need to be made to help women who are not accompanied by children to become stably housed. Available services for women who unaccompanied by children may not be directed to the unique needs of this population, which may differ from those of women with dependent children. It is important that services be evaluated and changes made if necessary to ensure that women both with and without dependent children receive the help they need to attain and retain stable housing.

The findings indicate that women who experience greater levels of affiliation with social networks are likely to remain in their housing for longer. Finding avenues to help women maintain or expand their social networks during and following homelessness might be helpful in increasing housing stability. These networks may include service providers, who might help women attain and retain housing following homelessness.

Further research is necessary to understand the role of service providers. In particular, evaluations of existing services could help pinpoint which areas of current service provision are helpful and which require improvement. Reviews of best practices in the areas of housing placement and housing loss prevention may provide some potential avenues for the improvement of existing services. Finally, larger longitudinal studies may continue to provide important information on factors that help women who have experienced homelessness to become and remain housed.

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CHAPTER 5

Economic Integration

Contributions

The data for the study presented in the manuscript were collected as part of the *Panel Study on Persons Who are Homeless in Ottawa*. Dr. Tim Aubry and Dr. Fran Klodawsky, co-principal investigators for the Panel Study, developed and conducted the study with a team of researchers from the University of Ottawa, Carleton University, and St-Paul University. Ms. Rebecca Nemiroff developed the project and analysed the data for the research on homeless women presented in this manuscript. Ms. Nemiroff also conducted interviews with many of the women who participated in the study. Dr. Aubry supervised the doctoral thesis research presented in this manuscript.

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Running head: ECONOMIC INTEGRATION FOLLOWING HOMELESSNESS

Economic Integration of Women Who Have Experienced Homelessness

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Abstract

This two-year longitudinal study, conducted in Ottawa, examined the economic integration of women who were homeless at the study's outset. Participants ($N = 101$) participated in two in-person interviews. A predictive model identifying factors associated with becoming employed or engaged education was developed from previous empirical research and tested. Having dependent children, having spent a greater proportion of time working, and being housed for longer at follow-up predicted being either employed or engaged education. Having spent a greater proportion of time working and being employed at the initial interview predicted work stability at follow-up. Lower levels of education predicted engagement in full-time studies. This research represents the first longitudinal study examining employment and educational outcomes in a sample of Canadian women who have experienced homelessness. The findings suggest that housing and providing employment and educational assistance are essential to helping women who have experienced homelessness to become economically integrated in their communities; however, the results point to continuing financial hardship even among women who succeed in obtaining employment.

Economic Integration of Women Who Have Experienced Homelessness

Homelessness is a growing problem in Canada, and one that is closely linked to poverty (Gaetz, 2010; Hulchanski, Campinski, Chau, Hwang & Paradis, 2009). People who are homeless may be disaffiliated from the mainstream of society, and many face barriers to becoming reintegrated in their communities. Few people who are homeless work for pay, and those who do are, by and large, underemployed, working part-time and/or at low-paying jobs (Tam, Zlotnick & Robertson, 2003; Zuvekas & Hill, 2000). People who are homeless may also face obstacles to entering educational programs that can provide the necessary training to enter the workforce.

Homeless individuals may be disaffiliated from the mainstream of society and cut off from conventional social structures (Zlotnick, Robertson & Lahiff, 1999). This may include low levels of social support and human capital deficits, such as low levels of education, little work experience and few job skills (Piliavin, Wright, Mare & Westerfield, 1996; Zlotnick et al.). Such deficits may have a significant effect on women's ability to gain employment or enter educational programs (Crittenden, Kim, Watanabe & Norr, 2002; Zuvekas & Hill, 2000). Personal disability, including physical or mental health difficulties and substance abuse, may also present barriers (Zuvekas & Hill). Women who are homeless or living in poverty may face different or additional barriers to employment and education compared to men, including fertility, family responsibilities, domestic violence, and discrimination (Crittenden et al.; Froehlich, 2005; Staggs & Riger, 2005). For women with children, difficulty finding appropriate or affordable childcare arrangements may present an additional obstacle to accessing employment or education (Crittenden et al.). The present study examines predictors of

returning to work or education for women who have experienced homelessness from the perspective of community integration.

Social Role Valorization (SRV) theory describes the importance of social roles to community integration. Those who hold valued roles are likely to access material goods, needed services, and decent housing, as well as respect, acceptance, positive relationships, and integration into valued activities and social functions. Those who hold devalued roles are likely to receive the opposite: poorer quality food, housing, education, and health care, work others don't want, violence and brutality, scapegoating, rejection, segregation and exclusion (Thomas & Wolfensberger, 1999).

Homeless individuals are cast in devalued social roles, limiting their access to valued roles, such as that of a worker, parent, neighbour or tenant. This, in turn, reinforces the low value society ascribes them, and individuals may begin to identify with these negative roles, thus becoming further entrenched in the culture of homelessness and devaluing themselves (Farrington & Robinson, 1999; Grigsby Baumann, Gregorich & Roberts-Gray, 1990; Snow & Anderson, 1987). Economic integration, defined as participation in the work force or in educational activities which can increase one's future employability, entails taking on the valued social role of a worker or student, and thus access to the social and material benefits associated with these roles. Over time, individuals may become increasingly acculturated to homelessness (Grigsby et al.), which may in turn lead to greater difficulty becoming reintegrated in the community and present a barrier to obtaining employment or returning to school.

Employment

Finding work or entering job training may be challenging during or following an episode of homelessness, especially for individuals with low levels of human capital such as education and work experience. Bogard, Trillo, Schwarz and Gerstel (2001) found that among homeless mothers, the amount of time they had previously spent in full-time employment predicted full-time employment status following homelessness. Disability also has an impact on the employment status of individuals who have experienced homelessness; mental health difficulties have been associated with a decreased likelihood of working (Mares & Rosenheck, 2006).

Housing may also have an important impact on employment, and employment may also help individuals exit homelessness. Wright (1997) found that participants reported that becoming housed often preceded finding employment; conditions such as lack of access to bathing and laundry facilities, not having a correspondence address, and limited access to telephones were cited as important barriers to finding employment while homeless. Mares and Rosenheck (2006) found that being recently housed was related to working a greater number of days over a two-year period. Piliavin and colleagues (1996) found that recent employment and job training were associated with exiting homelessness.

Although these studies provide some information into what helps people find employment following homelessness, most had primarily male participants. Insight into the experiences of women may be garnered from American studies examining the effects of welfare reforms that have emphasized moving people, particularly single mothers, from social assistance to employment. While the experiences of women who have been

homeless in the Canadian context may be different, the issues of poverty, reintegration, and barriers to employment are similar, and the vast majority of participants in the current research reported receiving social assistance at some point during the study period.

While systemic and social factors such as welfare policy, the local economy, issues of discrimination, and the availability of appropriate childcare have an important influence women's ability to leave welfare for employment, personal characteristics such as human capital and available social support may also predict who is able to find work (Cheng, 2007). Education has an important impact, with those who have at least a high school education being more likely to find employment (Cheng; Crittenden et al., 2002; Danziger, Carlson & Henley, 2001; Horwitz & Kerker, 2001; Pandey & Kim, 2008). Previous work experience, particularly in professional or skilled work, also predicts returning to work (Cheng; Crittenden et al.). Social support, in the form of instrumental support, has been associated with becoming employed (Horwitz & Kerker). Being a single mother and having younger or more children may be a barrier to working (Cheng; Crittenden et al.; Danziger et al.; Felmlee, 1993). Women who succeed in leaving social assistance and finding work may not find stable jobs, however; Harris (1996) found that nearly half of mothers who found work returned to social assistance within two years.

Returning to School

Only one study was found which addressed educational participation among individuals who have experienced homelessness. The authors found that homeless women who had lower levels of depressive symptomatology and more full-time work experience were more likely to complete educational or job training programs offered at

shelters (Bogard et al., 2001). A small number of studies were found that examined returns to school for other adults living in disadvantaged circumstances. The findings of these studies are mixed, likely as a result of the different social contexts in which they were conducted: one study was German (Niessen, 2006), one was conducted in England (Bolam & Sixsmith, 2002) and one examined the experiences of young, urban African Americans (Astone, Schoen, Ensminger & Rothert, 2000). However, some patterns emerged even across these diverse populations.

Social support was found to predict motivation to return to school (Niessen, 2006) and to facilitate a return to school in younger, unemployed adults (Bolam & Sixsmith, 2002; Niessen). Having children may increase motivation to return to school in some cases (Niessen; Bolam & Sixsmith), but may also be an obstacle to returning to school for some women (Astone et al.).

Financial hardship may increase motivation to return to school, (Niessen, 2006), especially if education is seen as a means to improve one's prospects (Bolam & Sixsmith, 2002). Astone and colleagues (2000) found that receiving public assistance predicted a return to school, as did part-time, but not full-time, employment. They postulate that for those engaged in full-time employment, the costs of returning to school may outweigh the benefits, at least in the short term. Financial constraints may also present a barrier if no means of financial support is available to pursue studies (Bolam & Sixsmith).

Past educational experiences may have an impact on returns to school as well. Niessen (2006) found that higher levels of past education predicted motivation to engage in education among unemployed adults, while Bolam and Sixsmith (2002) found that a history of negative experiences with education was a barrier to learning. Astone and

colleagues (2000) found that having a high-school or equivalent diploma or higher, and past returns to school predicted school re-entry for women.

Model of Economic Integration

This paper presents a two-year longitudinal study that examines predictors of economic integration for women who have experienced homelessness. The model guiding our study is presented in Figure 2. Economic integration is defined here as participation in work or education. Four economic integration outcomes are examined. First, both aspects of economic integration are examined together, with participants being classified as economically integrated if they are either participating in the workforce full or part-time, or participating in education. Next, work stability, defined as the amount of time participants have been working, is examined. Finally, predictors of a return to education are examined. This includes two analyses, one examining participation in either full- or part-time education, and one examining predictors of participation in full-time education only.

The model specifies several predictors of economic integration which have been selected based on the literature reviewed above. First, the impact of having children on economic integration is examined. No prediction is made as to the direction of this relationship, as the literature has suggested that having children may be either a barrier (e.g. Cheng, 2007; Crittenden et al., 2002) or a motivator (Bolam & Sixsmith, 2002; Niessen, 2006) to attaining employment and education. Next, one indicator of personal disability, mental health functioning, has been included in the model. It is expected that higher levels of mental health functioning will predict higher levels of economic integration. The impact of social support and lifetime history of homelessness are also

examined. It is expected that higher levels of social support and having a shorter lifetime history of homelessness will be associated with higher levels of economic integration. Next, three indicators of human capital are included in the model. It is expected that having greater work experience over one's lifetime, being employed at the initial interview and having higher levels of education will predict higher levels of economic integration at follow-up. Lastly, the impact of physical integration, defined here in terms of amount of time consecutively housed at follow-up, is examined. It is expected that greater amount of time housed will predict economic integration.

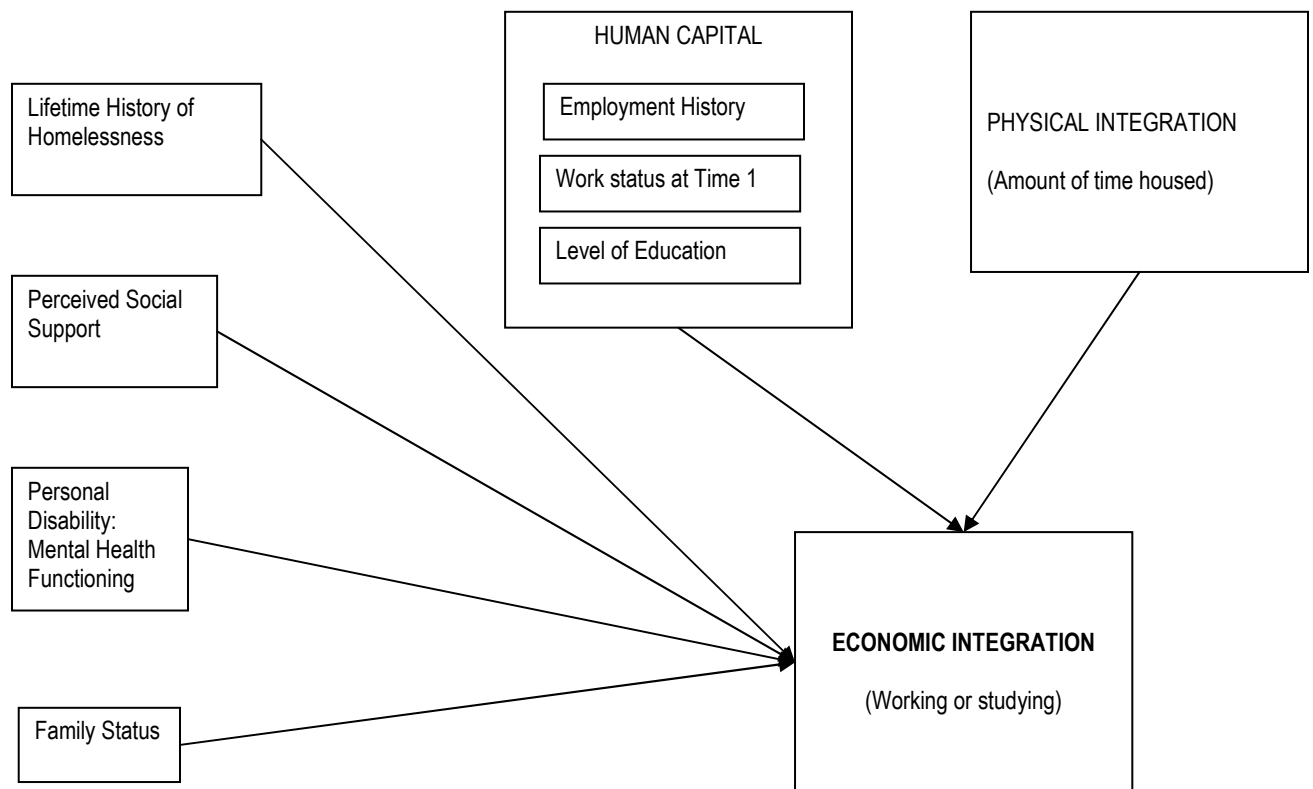


Figure 2. Pathway model of economic integration: Relationship of family status, personal disability, perceived social support, acculturation to homelessness, human capital and physical integration to economic integration.

Method

Participants and Procedure

This research was conducted as part of a larger, longitudinal study on homelessness in Ottawa (Aubry, Klodawsky & Hay, 2003; Aubry, Klodawsky, Nemiroff, Birnie & Bonetta, 2007). The methodology used in the study was approved by the Research Ethics Board at the University of Ottawa. Data collection took place in two phases, the fall and winter of 2002-2003, and the fall and winter of 2004-2005. At Time 1, approximately equal numbers of participants were recruited in each of five subgroups: adult men who were unaccompanied by children, adult women who were unaccompanied by children, adults with dependent children, male youth, and female youth. The sample for this paper consists of all adult women aged 20 and older who participated in both phases of the larger study ($N = 101$). All participants were homeless and resided at emergency shelters at Time 1.

At Time 1, the sample consisted of 85 women who were unaccompanied by children and 69 women with dependent children. A quota sampling strategy was used in order to select a sample that was representative of the population of shelter users in Ottawa. Stratification was based on data provided by participating shelters. For women unaccompanied by children, the sample was stratified in terms of length of shelter stay, in the following proportions: under 14 days (36%); 14-26 days (18%); 27-61 days (21 %); 62 or more days (21%) and unknown (4%). The sample was also stratified in terms of citizenship (Canadian or other), and approximately 85% of women unaccompanied by children were Canadian citizens. There was no stratification based on length of shelter stay for women with dependent children, and 70% percent of the women with dependent

children were Canadian citizens. The number of individuals recruited at each shelter was also proportionate to the number of potential participants residing at each shelter.

Shelters sampled included city-run family shelters, a general-purpose women's shelter, shelters for women fleeing domestic violence, a shelter for newcomers to Canada, and a shelter for Aboriginal women. Additional eligible participants were recruited from other services, including drop-in centres and meal programs. Program staff aided in recruiting participants. Participants received honoraria of \$10.00 for participation in the first interview and \$20.00 for the second interview.

In order to locate participants for follow-up interviews, participants were asked at Time 1 to provide consent for researchers to contact individuals and/or agencies including friends, family members, service providers, hospitals and shelters, as well as to provide their personal cell phone numbers and e-mail addresses when available. Participants were also asked to provide consent for the researchers to contact the municipal Employment and Financial Assistance branch, which distributes social benefits, to search for addresses and phone numbers of participants. The majority of participants signed both forms, and provided at least one contact person. Brief follow-up was made by phone approximately one year following the initial interview, to maintain contact and update contact information (Aubry, Klodawsky, Hay, Nemiroff & Hyman, 2004). Participants were re-contacted approximately one year later to schedule follow-up interviews. Retention rates were 71% for women with dependent children and 65% for women unaccompanied by children. The final follow-up sample consisted of approximately equal numbers of women with dependent children ($n = 49$) and women unaccompanied by children ($n = 52$).

Measures

Predictor Variables

Family status. Participants were asked whether they had any children, the children's ages, and how many of their children normally lived with them at both the Time 1 and Time 2 interviews. Women with dependent children were those who lived with dependent children under age 18 at any time during the study period. All other participants were unaccompanied by children. Participants who resided in family shelters at Time 1 were considered women with dependent children since they had at least one dependent child under 18 years old living with them. Family status was confirmed at Time 2 using Toro and colleagues' (1997) Housing, Income, and Service Timeline (HIST), which consists of a housing history table on which the interviewer records a detailed history of the participant's living situation, employment, and income.

Mental health functioning. Mental health functioning was assessed at Time 1, using the mental component summary measure (MCS) of the SF-36, Version 2 (Ware, Kosinski & Gandek, 2002). The SF-36 is a screening instrument that provides a self-report measure of physical and mental health relative to a general population that can be matched by age and sex. Ware and colleagues report internal consistency and reliability for group comparisons above .80 for all sub-scales of the SF-36. For the current sample, internal consistency for the MCS was high ($\alpha = .92$).

Perceived social support. Perceived social support was measured at Time 1 using a brief, 5-item version of the S Scale of the Social Support Questionnaire (SSQ) (Sarason, Levine, Basham & Sarason, 1983). On the measure, participants list individuals who provide them with various types of support, then rate their satisfaction with each type of

support on a 6-point scale that ranges from 1 (“very dissatisfied”) to 6 (“very satisfied”). A sample item from the SSQ is, “Whom can you count on to console you when you are very upset?” The overall S score is obtained by dividing the sum of scores for all items by 5. The possible range of scores for the 5-item SSQ S Scale is from 1-6, with high scores indicating higher levels of satisfaction. Sarason and colleagues report very high internal consistency of the full-scale, 27-item SSQ ($\alpha = 0.94$ for S). Test-retest reliability for the full scale over a period of one month is also strong ($r = .83$ for S). For the current sample, internal consistency of the 5-item version was high, $\alpha = 0.87$.

Lifetime history of homelessness. Number of months spent homeless was measured using the HIST, described above (Toro et al., 1997). Criteria for homelessness, based on Toro and colleagues (1999), were that participants did not have their own house, apartment or room and were either a) living on the streets or in shelters or b) staying temporarily in the home of friends or family and did not pay rent regularly. At Time 1, participants were asked their housing history for the past three years. Participants were then asked if they had any additional experiences of homelessness that had not already been recorded, and if so, how long they had been homeless. These questions were repeated until participants indicated that they had experienced no additional episodes of homelessness. Further episodes of homelessness were recorded at Time 2. If additional episodes of homelessness occurred between the Time 1 and Time 2 interviews, these were included in the calculation of the final amount of time homeless for each participant. However, the most recent homeless episode before becoming housed was excluded in order to avoid overlap with the amount of time housed variable described below. Toro and colleagues report a test-retest correlation of the time homeless variable

of the HIST of .73, based on a lifetime version of the HIST in a study of 31 homeless adults.

Amount of time housed. Amount of time housed was operationally defined as the amount of time that the participant been housed consecutively at follow-up. At Time 2, the HIST (Toro et al., 1997) was used to ascertain the number of consecutive days participants had been housed following their last episode of homelessness. Since the length of the follow-up period varied between participants, amount of time housed was standardized for each participant by dividing the number of days consecutively housed at Time 2 by the number of days between interviews.

Employment history. Employment history was assessed via an interview question at Time 1: “Since you were 16 years old, approximately how many years have you spent working for pay?” A proportion of adult years spent working was then calculated. First, the number of years since age 16 was calculated by subtracting 16 from the participant’s current age at Time 1. The number of years worked was then divided by the number of years since age 16 in order to derive a proportion.

Work status at Time 1. Work status at Time 1 was assessed via an interview question, “Are you currently working for pay?” Participants were then classified as working or not working at Time 1. Time 1 work status was confirmed on a case-by-case basis using the HIST (Toro et al., 1997).

Level of education. Participants’ level of education was assessed at Time 1 via the question, “What is the highest level of schooling have you ever completed?” Responses were then re-coded into a three-category variable, with the three levels of

education being 1) has not completed high-school (1); 2) high school completed (2); and 3) post-secondary certificate/diploma/degree (3).

Predicted Variables

Economic integration. Participants were considered to be economically integrated if they were working either full- or part-time or engaged in education at follow-up. Work status was assessed via the question, “Are you currently working for pay?” and then confirmed on a case-by-case basis using the HIST (Toro et al., 1997). Participants were considered to be working full-time if they reported working at least 35 hours per week on the HIST. Participants were considered to be working if they reported having employment income at the time of the follow-up interview. Participation in education was assessed via an interview question. Participants who responded “yes” to the question, “Are you still in school?” were considered to be engaged in education.

Work stability. The number of consecutive months employed at Time 2 was used as a measure of work stability. Work stability was calculated on a case-by-case basis using the HIST (Toro et al., 1997).

Engagement in education. As described above, participants who answered “yes” to the question, “Are you still in school?” at follow-up were considered to be engaged in education.

Engagement in full-time studies. Participation in full-time studies was assessed via the questions, “Are you still in school?”, “Is it part-time or full-time?” and, “Approximately, how many hours per week are you attending school?” Respondents who reported attending school full-time, or who reported attending school for 20 or more hours per week at Time 2, were considered full-time students.

Results

Sample Characteristics

A total of 154 women were recruited at Time 1. The current sample consists of the 101 respondents who participated in the follow-up interview. Approximately half sample were not accompanied by children ($n = 52$) while half had dependent children ($n = 49$). Participants reported having, on average, 1.6 children under age 18 ($SD = 1.46$). Women with dependent children had more minor children ($M = 2.41$, $SD = 1.34$), on average, than women unaccompanied by children ($M = .92$, $SD = 1.34$), $t(98) = -6.07$, $p < .001$, two-tailed. However, a substantial minority (44%) of women unaccompanied by children did report having at least one child under age 18. At Time 1, the average age of participants was 35.6 years ($SD = 10.5$). The majority (76%) reported being non-partnered (i.e., single, separated, divorced or widowed), while 24% reported being partnered (i.e., married, living with a romantic partner or being in a common-law relationship). Thirty-eight percent ($n = 39$) reported that they were not born in Canada. Of these, 41% reported being Canadian citizens, 31% reported being refugees, and 21% reported being landed immigrants.

Eight of the 101 participants reported that they were working for pay at Time 1. By Time 2, only three of these women were still working; however, the total number of participants working for pay had increased to 22 women. A minority reported that they were seeking work at each interview; 21% reported that they were looking for work at Time 1, while 28% reported looking for work at Time 2. There was some overlap in these two groups, with about half of those who stated they were looking for a job at Time

1 reporting job-seeking at Time 2. One-third of those who reported looking for work at Time 1 were working for pay at Time 2.

Of the 22 participants who were employed at follow-up, almost all worked at low-paying jobs, and less than half (45%) were employed full-time (35 or more hours per week). Employment income ranged from \$382.00 per month for one individual employed 10 hours per week in a clerical job, to \$5000.00 per month for a participant who was employed as a full-time teacher at a community college. Higher-paying, professional employment was the exception, however. The most common types of work were cleaning (27%) and childcare (18%). Other types of employment included clerical work, retail positions, personal care work, and general labour. One individual worked as a computer specialist and one worked for the Federal Government; however, these were both part-time positions. Table 4 lists the jobs held by participants as well as the percentage working full- and part-time.

The median income of participants at Time 2 was \$900.00 per month (mean = \$991.94; $SD = 689.34$). There was a large range in income. At one end of the spectrum were individuals residing in shelters who received a “personal needs allowance” of \$112.00 per month from social assistance; at the other end was the individual who had an employment income of \$5000.00 per month. Participants who were working had higher incomes (mean = \$1312.19 per month) than those who were not (mean = \$901.61 per month), $t(98) = 2.53$, $p = .01$ (two tailed); however, the difference between groups no longer reached significance with the outlier (i.e. the participant earning \$5000.00/month) removed from the analysis. Participants who had been housed for at least 90 days ($n = 89$) at Time 2 reported spending, on average, 36% of their income on housing. There was

no difference between those who were employed and those who were not employed in the proportion of income spent on housing.

Table 4

Jobs Held by Participants by Type of Work and Full- or Part-time Status

Type of Work (<i>n</i> = 22)	% (<i>n</i>)
Cleaning	27 (6)
Childcare	18 (4)
Office / Government	14 (3)
Retail store	9 (2)
Information technology	5 (1)
Teaching	5 (1)
Telemarketing	5 (1)
General labour	5 (1)
Personal care worker (retirement home)	5 (1)
Transitional housing worker	5 (1)
Unknown	5 (1)
% Working full-time	45 (10)
% Working part-time	55 (12)

Table 5 shows means and standard deviations or percentages for the sample on economic integration model variables. Thirty-seven percent of participants reported having less than a high school education. Forty-three percent reported having a high school diploma and 20% reported having a college diploma, trade or technical certificate, or university degree. A majority of respondents (63%) endorsed a desire to return to

school at the Time 1 interview. Of these, about half attended some kind of educational program during the follow-up period. Twenty-one participants reported that they were attending school at Time 2; of these, nine participants reported being full-time students.

At Time 1, participants reported a moderately high level of satisfaction with social support, with a mean score of 4.70 out of 6 on the S scale of the SSQ ($SD = 1.37$). However, the women in this study reported low levels of mental health functioning at Time 1 ($M = 35.60$, $SD = 12.54$) compared to the normative sample of respondents from the 1998 survey of the U.S. general population ($M = 50$, $SD = 10$), $t(2573) = 14.03$, $p < .001$, two-tailed. No Canadian comparative data were available. At Time 2, participants reported being homeless for, on average, approximately 19 months over their lifetimes, although there was much variability between participants ($SD = 28.73$). Many participants (20%) reported additional episodes of homelessness during the follow-up period.

Respondents at follow-up vs. non-respondents. Tracking efforts yielded a follow-up rate of 66% overall. Respondents ($n = 101$) were compared to non-respondents ($n = 53$) on scores of measures of variables in the model at Time 1 to determine if there were differences between the two groups. No significant differences were found in terms of age, marital status, level of education, whether participants were born in Canada, or immigration status. Respondents had lived in Ottawa for longer on average than non-respondents, $t(152) = -2.28$, $p < .05$, two-tailed. Long time residents may have been more likely to remain in the city and may to have provided more local contacts than shorter-term residents, making it easier to re-contact them for follow-up. There were no differences between respondents and non-respondents on any of the Time 1 variables

used in the economic integration model, including family status, perceived social support, level of mental health functioning, education, employment history and Time 1 employment status. There was no difference in lifetime history of homelessness at Time 1.

Table 5

Sample Characteristics

Variable	Whole Sample (<i>N</i> = 101) <i>M</i> (<i>SD</i>) or %
Economic integration: Either working or attending school at Time 2 (%)	37.6%
Work stability: Amount of time employed at Time 2 (months)	2.49 (6.08)
Engaged in education (full-time or part-time studies) at Time 2 (%)	20.8%
Engaged in full-time studies at Time 2 (%)	8.9%
Family status: % unaccompanied by children	52%
Mental health functioning (SF-36 MCS)	35.60 (12.54)
Perceived social support (SSQ-S)	4.70 (1.37)
Lifetime history of homelessness (months)	18.65 (28.73)
Work status at Time 1 (% working for pay)	7.9%
Employment history (proportion of time worked since age 16)	42.14 (31.16)
Level of education:	
% with less than high school education	36.6%
% with high school diploma	42.6%
% with postsecondary certificate, diploma or degree	19.8%
Amount of time housed (proportion of time between interviews for which participants were consecutively housed at Time 2)	69.23 (35.99)

Data Screening

Data were screened for missing values on all predictor variables. SPSS MVA was used to replace missing data for composite measures where at least 80% of items were completed. Where less than 80% of items were completed, cases were excluded from the regression analysis. Missing data were replaced for 4 cases on the employment history variable, and for 5 cases on the social support variable.

Results of evaluation of assumptions for the regression analyses led to transformations of selected variables to reduce skewness and improve the normality, linearity, and homoscedasticity of residuals. However, as overall results did not differ from those obtained using untransformed variables, the untransformed variables were retained. With the use of a $p < .001$ criterion for Mahalanobis distance, no multivariate outliers among the cases were found.

Model of Economic Integration

A logistic regression was conducted to predict economic integration (i.e. either working or engaged in education) at follow-up. In order to gain a more detailed understanding of economic integration, three additional post-hoc analyses were performed. A multiple regression was conducted to identify predictors of work stability (i.e. number of consecutive months employed) at follow-up. A logistic regression was conducted to examine factors that predicted participation in an educational program at follow-up. Finally, an additional logistic regression was conducted to examine predictors of being engaged in full-time studies at follow-up. The sample size for all regression equations was 100, as data was missing on several predictor variables for one

participant. A post-hoc power analysis was conducted using G*Power 3.1.2 (Faul, Erdfelder, Lang, & Buchner, 2007). Given the sample size of $N=100$, with eight predictor variables and an alpha level of 0.05, power for the regression equations was 0.76.

Economic integration. A sequential logistic regression analysis was performed using PASW Statistics 18 to assess whether the economic integration model would predict participants' membership in one of two categories, Economically Integrated (i.e. either working or attending school) and Not Economically Integrated, at Time 2. Family status, mental health functioning, perceived social support and lifetime history of homelessness were entered together in the first step, as these variables were based predominantly on Time 1 data and felt to be primary in terms of temporal order. The three human capital variables (employment history, work status at Time 1 and level of education), were entered together in the second step in order to examine the impact of these predictors as a group. Finally, amount of time housed, which was based on Time 2 data, was entered alone in the final step. Table 6 presents the regression coefficients, Wald test statistics, and odds ratios and 95% confidence intervals for odds ratios for each of the eight predictor variables, as well as the Nagelkerke R^2 and χ^2 values for each step.

The model was statistically significant in the first step ($\chi^2(4, N = 100) = 12.17, p < .05$). This suggests that the model was able to distinguish between groups on the basis of the four predictor variables entered in the first step, which accounted for 16% of the variance in economic integration (Nagelkerke $R^2 = .16$). The addition of the three human capital variables did not significantly improve the model, however the model approached statistical significance, $\chi^2(3, N = 100) = 7.70, p = .08$, and accounted for a moderate

amount of variance in economic integration (Nagekerke $R^2 = .23$). The final step, with the addition of amount of time housed, further improved the model's predictive power ($\chi^2(1, N = 100) = 3.61, p = .05$, and accounted for a moderate amount of variance in economic integration (Nagekerke $R^2 = .27$).

Three significant predictors of economic integration were found. Family status and mental health functioning emerged as significant predictors in the first step. Women with dependent children were more likely to be economically integrated, and higher levels of mental health functioning was predictive of economic integration. Employment history emerged as a significant predictor in the second step, with those who had spent a greater proportion of time since age 16 working being more likely to be economically integrated at Time 2. In the third step, amount of time housed approached significance as a predictor, with a trend toward women who had been housed for longer being more likely to be working or attending school at follow-up.

Table 6

Results of Sequential Logistic Regression Predicting Economic Integration

Predictor	<i>B</i>	Wald Test (z-ratio)	Odds Ratio (exp(B))	95% Confidence Interval for Odds Ratio		Nagekerke <i>R</i> ²	χ^2	<i>df</i>
				<i>Lower</i>	<i>Upper</i>			
Block 0								
Constant	-.49	5.46	.61					
Block 1								
Family status	1.13	5.53*	3.10	1.21	7.96			
Mental health functioning	.04	3.84*	1.04	1.0	1.08			
Perceived social support	-.11	.47	.90	.65	1.23			
Lifetime history of homelessness	.01	.50	1.01	.99	1.02			
Constant	-1.90	3.57	.15					
Total for step						.16	12.17*	4
Block 2								
Family status	1.37	7.00**	3.93	1.43	10.82			
Mental health functioning	.04	4.57*	1.05	1.00	1.09			
Perceived social support	-.12	.47	.89	.64	1.24			
Lifetime history of homelessness	.01	.64	1.01	.99	1.03			
Employment history	.02	4.04*	1.02	1.00	1.03			

Predictor	<i>B</i>	Wald Test (z-ratio)	Odds Ratio (exp(B))	95% Confidence Interval for Odds Ratio		Nagekerke <i>R</i> ²	χ^2	<i>df</i>
				<i>Lower</i>	<i>Upper</i>			
Work status at Time 1	1.17	1.88	3.22	.61	17.12			
Level of Education	-.11	.11	.89	.46	1.74			
Constant	-3.03	6.06	.02					
Total for step						.23	6.70	3
Block 3								
Family status	.95	2.86	2.59	.86	7.79			
Mental health functioning	.05	4.67*	1.05	1.00	1.09			
Perceived social support	-.18	1.04	.84	.59	1.18			
Lifetime history of homelessness	.01	.63	1.01	.99	1.03			
Employment history	.02	4.37*	1.02	1.00	1.03			
Work status at Time 1	1.04	1.48	2.83	.53	15.18			
Level of education	-.21	.37	.81	.41	1.61			
Amount of time housed	1.52	3.27	4.56	.88	23.63			
Constant	-3.49	7.54	.03					
Total for step						.27	3.61*	1

p* < .05 *p* < .01

Work stability. A sequential multiple regression analysis was conducted using PASW Statistics 18 to test the ability of the economic integration model to predict work stability (i.e. number of months of continuous employment at Time 2). As in the previous analysis, the predictor variables were entered in three blocks, with family status, perceived social support, mental health functioning, and lifetime history of homelessness entered in the first block, followed by the three human capital variables in the second block, and amount of time housed in the third block.

The model was not statistically significant at the end of the first step, which accounted for only 3% of the variance in work stability ($R^2 = .03$). The predictive power of the model improved significantly with the addition of the three human capital variables in the second step (F change (3, 92) = 4.46, $p < .01$), and accounted for an additional 12% of the variance in work stability (R^2 change = 0.12). The addition of amount of time housed in the third step did not significantly improve the predictive power of the model, and accounted for an additional 3% of variance in work stability (R^2 change = 0.03).

Table 7 shows unstandardized regression coefficients (B), standardized regression coefficients (β) and semi-partial correlations (sr^2) for the each of the predictor variables in the sequential multiple regression, as well as change statistics for each step. Two of the predictor variables yielded significant semi-partial correlations. These were employment history, with those who had spent a greater proportion of their time working since age 16 having greater work stability at Time 2, and work status at Time 1, with those who were employed at Time 1 having greater work stability than others. In addition, there was a trend toward more stable housing being associated with greater work stability ($p = .08$). However, this result failed to reach significance at the $\alpha = .05$ level.

Table 7

Results of Sequential Multiple Regression Predicting Work Stability

Predictor	<i>B</i>	<i>sr</i> ²	β	<i>R</i> ² Change	<i>F</i> for change in <i>R</i> ²
Model 1					
Family status	1.47	.11	.12		
Mental health functioning	.05	.11	.12		
Perceived social support	.09	.02	.02		
Lifetime history of homelessness	.16	.07	.07		
Constant	-.86				
Total for step				.033	.80
Model 2					
Family status	1.96	.15	.16		
Mental health functioning	.04	.08	.09		
Perceived social support	.27	.06	.06		
Lifetime history of homelessness	.02	.09	.10		
Employment history	.04	.20*	.22		
Work status at Time 1	4.51	.20*	.20		
Level of education	.91	.10	.11		
Constant	-5.41				
Total for step				.12	4.46**
Model 3					
Family status	1.02	.07	.08		
Mental health functioning	.05	.09	.10		

Predictor	<i>B</i>	<i>sr</i> ²	<i>β</i>	<i>R</i> ² Change	<i>F</i> for change in <i>R</i> ²
Perceived social support	.12	.03	.03		
Lifetime history of homelessness	.02	.09	.10		
Employment history	.05	.21*	.23		
Work status at Time 1	4.28	.19*	.19		
Level of education	.61	.20	.07		
Amount of time housed	3.27	.18	.19		
Constant	-6.29				
Total for step				.03	3.15

**p* < .05 ** *p* < .01

Engagement in education. A sequential logistic regression analysis was performed using PASW Statistics 18 to assess predictors of participants' membership in one of two categories, Engaged in Education and Not Engaged in Education, at Time 2. As in the other models, family status, mental health functioning, perceived social support, and lifetime history of homelessness were entered in the first step, followed by the three human capital variables (employment history, work status at Time 1 and education) in the second step, and amount of time housed in the final step. The model fit was non-significant at each step, and did not successfully distinguish between the two groups. None of the variables entered successfully predicted group membership.

Engagement in full-time studies. A sequential logistic regression analysis was performed using PASW Statistics 18 to assess predictors of participants' membership in one of two categories, Full-time Student and Not Full-time Student, at Time 2. As in the other models, family status, mental health functioning, perceived social support, and lifetime history of homelessness were entered in the first step, followed by the three human capital variables (employment history, work status at Time 1 and education) in the second step, and amount of time housed in the final step. Table 8 presents the regression coefficients, Wald test statistics, and odds ratios for each of the eight predictor variables, as well as the Nagelkerke R^2 and χ^2 values for each step.

The model fit was non-significant at the first step, and did not successfully distinguish between the two groups on the basis of the four predictor variables entered in the first step. However, the addition of the three human capital variables improved the model, $\chi^2(3, N = 100) = 7.63, p = .05$, and accounted for a moderate amount of variance in economic integration (Nagelkerke $R^2 = .23$). The final step, with the addition of

amount of time housed, did not reliably improve the model's predictive power. Level of education was the only significant predictor of engagement in full-time studies, with a lower level of education being associated with a greater likelihood of being engaged in full-time studies at follow-up.

Table 8

Results of Sequential Logistic Regression Predicting Engagement in Full-Time Studies

Predictor	<i>B</i>	Wald Test (z- ratio)	Odds Ratio (exp(B))	95% Confidence Interval for Odds Ratio		Nagekerke <i>R</i> ²	χ^2	<i>df</i>
				<i>Lower</i>	<i>Upper</i>			
Block 0								
Constant	-2.31	43.84	.10					
Block 1								
Family status	.62	.61	1.87	.39	8.90			
Mental health functioning	-.02	.47	.98	.92	1.04			
Perceived social support	-.23	1.06	.79	.51	1.24			
Lifetime history of homelessness	-.01	.28	.99	.95	1.03			
Constant	-.76	.28	.47					
Total for step						.08	3.49	4
Block 2								
Family status	.50	.34	1.65	.31	8.80			
Mental health functioning	-.01	.02	1.00	.93	1.07			
Perceived social support	-.26	.93	.78	.46	1.30			
Lifetime history of homelessness	-.02	.55	.98	.94	1.03			
Employment history	-.00	.00	1.0	.97	1.03			
Work status at Time 1	1.71	2.47	5.53	.65	46.82			

Predictor	<i>B</i>	Wald Test (z- ratio)	Odds Ratio (exp(B))	95% Confidence Interval for Odds Ratio		Nagekerke <i>R</i> ²	χ^2	<i>df</i>
				<i>Lower</i>	<i>Upper</i>			
Level of Education	-1.49	4.38*	.23	.06	.91			
Constant	1.13	.32	3.09					
Total for step						.23	7.63*	3
Block 3								
Family status	-.01	.00	.99	.16	6.2			
Mental health functioning	-.00	.00	1.00	.93	1.07			
Perceived social support	-.33	1.33	.72	.41	1.26			
Lifetime history of homelessness	-.01	.56	.99	.95	1.02			
Employment history	.00	.00	1.0	.98	1.03			
Work status at Time 1	1.84	2.80	6.29	.73	54.09			
Level of education	-1.65	4.94*	.19	.05	.82			
Housing stability	1.92	1.35	6.83	.27	175.34			
Constant	.30	.02	1.34					
Total for step						.26	1.61	1

**p* < .05

Discussion

This study examined predictors of economic integration in the community for a sample of women who have experienced homelessness. The results presented here suggest that achieving economic integration following homelessness is challenging. Like many people who experience homelessness, the women in this study had relatively low levels of human capital. More than a third (37%) had less than a high school education, and many had sparse work histories. Participants had, on average, worked less than half the time (42%) since age 16. A majority (88%) of the women in our sample had been housed for at least 90 days at follow-up, however only a small number were working (22%) or attending some type of educational program (21%). This was an improvement from Time 1, when only 8% were working and 13% were attending school. However, only a small number were attending full-time studies (9%). Three participants were both employed and attending an educational program.

Participants continued to struggle with economic integration, however, Those who were employed had only been working for only about two and a half months on average. Further, many had only part-time jobs, and most jobs were in unskilled, low-paying sectors. Employment was no guarantee of financial stability; after the income of a single, high-earning participant was removed from the analysis, there was no difference in income between those who were working and those who were not. In addition, housing costs continued to be prohibitive; even those who were employed spent, on average, over a third of their income on rent. These results paint a picture of a group of women who continue to struggle with extreme poverty, precarious housing, and underemployment.

The model of economic integration presented in this study was partially supported. First, family status emerged as a predictor of economic integration, although it did not predict work stability or return to school. No prediction was made regarding the direction of the relationship between family status and economic integration as no previous research was found that specifically examined differences between women with and without dependent children. However, Niessen (2006) found that having children increased participants' motivation to return to school, and the same may be true of returning to work for the women with dependent children in the current sample. In addition, women unaccompanied by children in our sample reported poorer physical and mental health and more substance abuse than women with dependent children (Aubry et al., 2003). These factors may have presented obstacles to economic integration for women unaccompanied by children.

Personal disability, as measured by mental health functioning, was a significant predictor of economic integration. Women with better mental health functioning were more likely to be economically integrated overall; however, mental health functioning did not predict work stability or return to school. The women in this sample reported low levels of mental health functioning compared to a normative sample (Aubry et al., 2003). These high levels of distress may have been either a cause or a consequence, at least in part, of the challenges these women face in attaining adequate employment and income or continuing their education. This is consistent with past studies, which have shown that mental illness is a barrier to employment (Mares & Rosenheck, 2006). Examination of a broader range of variables may have provided a fuller picture of the role of personal disability as a barrier to attaining work stability or returning to school. Physical health

difficulties and substance abuse problems (Tam et al., 2003; Zuvekas & Hill, 2000) have been identified as barriers to employment in past research, and may also make attending an educational program more difficult.

Human capital variables were important predictors of economic integration. Employment history predicted both overall economic integration and work stability, with those who had worked for a greater proportion of the time since age 16 being more likely to be economically integrated at Time 2 and to have worked for longer. Participants who were working at Time 1 were also more likely to have greater work stability Time 2. This finding is consistent with past findings that work history predicts employment among people who have experienced homelessness (Bogard et al., 2001) and among mothers who have received social assistance (Cheng 2007; Crittenden et al., 2002).

While one-fifth of participants reported attending an educational program at follow-up (21%), only a few participants were attending full-time studies (9%). None of the variables tested in the economic integration model predicted participation in education when engagement in full- and part-time studies were examined together; however, level of education was predictive of participation in full-time studies. In contrast with past research, which has suggested that past academic success predicts school re-entry (Astone et al., 2000; Niessen, 2006), lower levels of education predicted attending full-time studies in this sample. Two-thirds of the full-time students reported less than a high-school education at Time 1. Social service providers may have encouraged these women to return to school; social benefits recipients are encouraged to return to school, and benefit periods may be extended for those who engage in educational programs (personal communication, City of Ottawa Employment and

Financial Assistance Branch, August 19, 2010). It is also possible that these women recognized the importance of increasing their human capital in order to improve their prospects for future employment as they moved toward greater integration in their communities.

Although past research has suggested a relationship between education and employment among women exiting social assistance (Cheng, 2007; Crittenden et al., 2002; Danziger, Carlson & Henley, 2001; Horowitz & Kerker, 2001; Pandey & Kim, 2008), level of education was not related to work stability or overall economic integration in the current sample. One possible explanation for this lies in the types of jobs held by those participants who succeeded in finding work. Of participants who were working, most had been working for only relatively short periods of time, and the majority were in part-time, low-paying jobs that require little education and may be expected to be relatively short-term in many cases.

Physical integration approached significance as a predictor economic integration, with a trend toward those who were more stably housed being more likely to be either working or attending school at follow-up. Amount of time housed also approached significance as a predictor of work stability, with a trend toward those who were housed for longer periods of time being employed for longer. Past research has suggested a reciprocal relationship between housing and employment for individuals who have experienced homelessness. Being housed may facilitate finding employment (Wright, 1997) and remaining employed (Mares & Rosenheck, 2006). Conversely, being employed may also assist in exiting homelessness (Piliavin et al., 1996; Shaheen & Rio, 2007). The limited sample size and the relatively large number of predictor variables

used in the regression equations resulted in relatively low statistical power in these analyses. Repeating these analyses with larger sample would likely reveal a significant relationship between physical and economic integration.

Perceived social support did not emerge as a significant predictor of economic integration in this sample. Overall, participants reported relatively high levels of satisfaction with social support. However, it is possible that for a variety of reasons, participants did not call upon their available social supports, or that the support systems of study participants consisted of people who themselves did not have the resources to provide the kind of instrumental or material help participants needed in order to obtain employment or resume their education.

Lifetime history of homelessness did not predict economic integration in this sample. Although no previous research was found examining the impact of length of time homeless on either employment or education, it was expected that longer histories of homelessness would represent a greater degree of acculturation to homelessness, and present a barrier to achieving integration in the community. However, for this sample at least, it appears that the length of time participants had spent homeless did not have a significant impact on their ability to achieve economic integration.

Limitations

A primary limitation of this study was the sample size. Approximately one-third of participants were lost to attrition at follow-up, resulting in a relatively small sample of women and limiting statistical power. A larger sample would have provided the opportunity to examine the experiences of women with and without dependent children separately, allowing a richer understanding of their diverse experiences of economic

integration. A larger sample would also have allowed examination of a wider variety of predictor variables, thus providing a fuller and more accurate picture of what helps women become integrated in the economy following homelessness.

Another limitation may be the sampling strategy that was used. The sample may not be representative of all homeless women in Ottawa. Approximately equal groups of women unaccompanied by children and adults with dependent children were recruited for the purposes of this study. However, approximately 25% more women unaccompanied by children than adults in families stayed in Ottawa shelters in 2009 (Alliance to End Homelessness, 2010). As well, all the women in this study resided in shelters at Time 1, which excluded women living in other situations such as on the street, in abandoned buildings, or staying temporarily with friends or family. In addition, since service providers aided in the recruitment of participants, there is the possibility that there may have been some bias in the sample, most likely toward higher functioning individuals. Another limitation is that the nature of the employment and housing markets in Ottawa, which may differ from those in other cities, may limit the generalizability of these findings.

A final limitation is that the study relied on self-reported information. Self-report data may be vulnerable to the effects of bias or inaccuracy due to faulty memory, lack of information, or reticence on the part of participants. A related limitation is the use of only quantitative data in this study. However, findings from qualitative data were also gathered and have been reported elsewhere (Klodawsky, Aubry, Nemiroff, Bonetta & Willis, 2007). The qualitative data complement the findings presented here; participants

reported that low incomes, whether from work or social assistance, and high housing costs were significant barriers to housing stability.

Conclusions and Implications

The research presented here represents the first longitudinal study examining employment and educational outcomes in a sample of Canadian women who have experienced homelessness. The model of economic integration presented was partially supported, with amount of time housed and human capital emerging as important predictors of economic integration. There were limited positive findings: more women reported working or attending full-time studies at follow-up than at the initial interview. About a fifth of participants were working, and another fifth were attending educational programs either full- or part-time. A smaller proportion, consisting primarily of women who had not completed high school, was attending full-time studies. One resilient participant was both working and attending full-time studies, while two others were employed and attending school part-time.

Overall, however, these findings paint a bleak picture of the likelihood of overcoming poverty and becoming fully integrated in the economy after homelessness. Participants remained largely disaffiliated from conventional social structures, reporting low levels of human capital, continued poverty, and poor work outcomes. Among participants who were working, almost all had low-paying and/or part-time jobs. Service, cleaning, and child-care work may be expected to be relatively short-term and provide little opportunity for advancement, and most women were earning no more through employment than those who were receiving social assistance. Although a majority of the women in this study were housed at follow-up, it appears that re-housing is not sufficient

to help women who have experienced homelessness become fully integrated in their communities. Participants in this study would clearly benefit from services that would allow them to obtain employment or training that would increase their future employability. Given the relatively small number who were working, and the continuing financial difficulty faced by most participants regardless of whether they were employed, it is imperative that services focus on helping women to find or prepare for higher-paying, full-time, and stable employment. Otherwise, these women are at risk of returning to social assistance (Harris, 1996), experiencing continued housing instability, and living an endless cycle of poverty and deprivation.

Shaheen and Rio (2007) cite results from two large-scale projects in the United States, which demonstrated that with the right services, homeless people can obtain and retain employment, which in turn leads to greater housing stability. They argue that rather than taking a “job readiness” approach, it is more effective to help homeless individuals to find work immediately, and to focus on training only after employment has been obtained. However, they note that substance abuse and physical and mental health problems may need to be addressed before individuals can secure employment, and they advocate for the provision of supportive services and housing in combination with a wide variety of employment services that can help homeless individuals enter the competitive labour market. Greater housing stability may, in turn, lead to a greater possibility of finding and retaining employment (Mares & Rosenheck, 2006; Wright, 1997).

Bassuk, Volk and Olivet (2010) argue for a three-tiered approach to resolving issues of family homelessness, beginning with the provision of housing, then providing support services including employment and education support, and finally providing on-

going support to help people deal with long-term health or substance abuse difficulties.

Thus, housing and employment services need to work hand-in-hand to help women exit homelessness to stable housing, and, at the same time, provide opportunities for employment or education. Ongoing support may be needed to help women who have experienced homelessness cope with personal disability issues and maintain stable housing and employment.

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CHAPTER 6

Psychological Integration

Contributions

The data for the study presented in the manuscript were collected as part of the *Panel Study on Persons Who are Homeless in Ottawa*. Dr. Tim Aubry and Dr. Fran Klodawsky, co-principal investigators for the Panel Study, developed and conducted the study with a team of researchers from the University of Ottawa, Carleton University, and St-Paul University. Ms. Rebecca Nemiroff developed the project and analysed the data for the research on homeless women presented in this manuscript. Ms. Nemiroff also conducted interviews with many of the women who participated in the study. Dr. Aubry supervised the doctoral thesis research presented in this manuscript.

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Running head: PSYCHOLOGICAL INTEGRATION OF HOMELESS WOMEN

From Homelessness to Community: Psychological Integration of
Women Who Have Experienced Homelessness

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Abstract

This longitudinal study examined psychological integration of women who were homeless at the study's outset. Participants ($N = 101$) were recruited at homeless shelters in Ottawa and participated in two in-person interviews, approximately two years apart. A predictive model identifying factors associated with having a psychological sense of community within one's neighbourhood was developed from previous empirical research and tested. Having dependent children, living in higher quality housing, and having more positive contact with neighbours predicted higher levels of psychological integration. Counter to predictions, living in one's current housing for longer predicted lower levels of psychological integration in this sample. This research represents the first longitudinal study examining psychological integration in a sample of Canadian women who have experienced homelessness. The findings suggest the importance of providing high-quality, affordable housing and increasing safety in disadvantaged neighbourhoods. In addition, providing opportunities for positive contact with neighbours may contribute to helping women who have experienced homelessness become psychologically integrated in their communities.

From Homelessness to Community: Psychological Integration of Women Who Have Experienced Homelessness

Homelessness is a growing problem in Canada (Gaetz, 2010; Hulchanski, Campinski, Chau, Hwang & Paradis, 2009), and people who are homeless may face stigma and marginalization. Many face barriers to integration in their communities. Breese and Feltey (1996) argue that becoming homeless means the loss not only of housing, but also of the role of housed citizen and fully-functioning member of society. Clapham (2003) points out the importance of housing in allowing the normal activities of living, for example work and family life, to occur. Thus, homelessness entails not only a loss of housing, but also disaffiliation from the community. The present study will examine the community integration of women who have experienced homelessness in the context of a sense of belonging in the neighbourhoods in which they live.

Women who are homeless may face different challenges than other groups of homeless people. Homeless women, whether alone or accompanied by their children, experience high rates of physical illness and victimization, (Buckner, Bassuk & Zima, 1993; Fisher, Hovell, Hofstetter & Hough, 1995) and many have histories of family disruption and violence in childhood (Farrell, Aubry, Klodawsky, Jewett & Pettey 2000; Shinn, Knickman & Weitzman 1991; Shinn et al., 1998). Homeless women report higher levels of psychological distress and mental health problems than homeless men (Roll, Toro & Ortola, 1999). Women who are unaccompanied by children are more likely than women with dependent children, but less likely than men, to report substance abuse difficulties (Farrell et al.; Roll et al.; Zlotnick, Robertson & Lahiff, 1999). Homeless

women report higher levels of social support than do homeless men (Farrell et al.), but may also have less work experience and fewer work skills (Roll et al.).

Social Role Valorization (SRV) theory describes the importance of social roles in community integration. Those who hold valued roles are likely to access material goods, needed services, and decent housing, as well as respect, acceptance, positive relationships, and integration into valued activities and social functions. Those who hold devalued roles are likely to receive the opposite: poorer quality food, housing, clothing, education, and health care, work others don't want, violence and brutality, scapegoating, rejection, segregation and exclusion (Thomas & Wolfensberger, 1999).

Homeless individuals may be disaffiliated from the mainstream of society and cut off from conventional social structures (Zlotnick et al., 1999). This may include low levels of social support and human capital deficits, such as low levels of education, little work experience and few job skills (Piliavin, Wright, Mare & Westerfield, 1996; Zlotnick et al.). Homeless individuals are thus cast in devalued social roles, limiting their access to valued roles, such as that of a worker, parent, neighbour or tenant. This, in turn, reinforces the low value society ascribes them, and individuals may begin to identify with these negative roles, thus becoming further entrenched in the culture of homelessness and devaluing themselves (Farrington & Robinson, 1999; Grigsby Baumann, Gregorich & Roberts-Gray, 1990; Snow & Anderson, 1987). Over time, individuals may become increasingly acculturated to homelessness (Grigsby et al.), which may in turn lead to greater difficulty becoming reintegrated in the community.

Community integration consists of several dimensions that may be interrelated. Physical integration may be defined in terms of establishing a physical presence in the

community. In the case of people who have experienced homelessness, this includes living in stable, safe, and comfortable housing. Social integration includes normative interactions with community members, as well as receiving support from social networks (Aubry & Myner, 1996). Economic integration may be defined as participating in the economic life of the community, for example through employment. Finally, psychological integration may be defined as psychological sense of community or a sense of belonging in the community (Aubry & Myner).

Sarason (1976) describes psychological sense of community (PSOC) as the sense that one is a part of a “readily available, mutually supportive network of relationships upon which one could depend and as a result one did not experience sustained feelings of loneliness” (p. 1). The importance of a sense of belonging as a dimension of community integration is highlighted by the principles of inclusion described by SRV theory (Thomas & Wolfensberger, 1999). Those who occupy devalued social roles do not experience the essential aspects of PSOC described by McMillan (1996): a sense of emotional safety and freedom from shame, trust in the community, and mutual benefit. On the contrary, these individuals are stigmatized and excluded, and are unlikely to experience any subjective sense of belonging.

Homelessness often entails disaffiliation, a sense of being separate and disenfranchised from the community. Psychological integration, conceptualized here as PSOC within one’s neighbourhood, implies the opposite, a feeling of belonging where one lives. As individuals enter and maintain housing following homelessness, they may develop a sense of belonging in their new communities. As people remain in their housing for longer, their sense of community may increase, as they get to know their

neighbours and participate in activities in the community (Prezza, Amici, Roberti, & Tedeschi, 2001; Royal & Rossi, 1996). Psychological integration may also contribute to housing stability. If individuals have begun to identify with the homeless role, becoming acculturated to street or shelter life, it may be difficult for them to maintain stable housing. Developing a sense of belonging in the community might be a protective factor against returning to what may have become a familiar role as a homeless person.

For people who have experienced homelessness, becoming physically integrated in the community entails not only becoming housed, but also attaining accommodations that are normative within the community. In Toronto, Paradis, Novac, Sarty and Hulchanski (2009) found that many women described moving to badly maintained housing and dangerous neighbourhoods after leaving homeless shelters. Women living in low quality, unsafe housing cannot be said to be fully physically integrated in the community. Housing quality has been found to be related to better mental health functioning and positive affect in community samples (Evans, Chan, Wells & Saltzman, 2000; Evans, Kantrowitz & Eshelman, 2002).

Housing quality may also have an important impact on PSOC. Wells and Harris (2007) found that social withdrawal mediated the relationship between housing quality and psychological distress in a sample of low-income women; they suggest that living in low-quality housing may cause people to withdraw from the social networks, perhaps because they are embarrassed to invite others into their homes. Brodsky (1996) found that mothers in low-income neighbourhoods often reported a negative PSOC when they perceived their neighbourhoods as dangerous, suggesting that, at least in terms of safety, these women regarded their housing as being of poor quality.

Other researchers have found that housing quality is related to community integration in populations who are at risk or who have experienced homelessness. Nelson, Sylvestre, Aubry, George and Trainor (2006) found that housing quality was related to community adaptation in residents of supported housing. Similarly, Gulcur, Tsemberis, Stefancic and Greenwood (2007) found that having more choice in housing and living in scattered, independent housing, rather than institutional settings, were associated with higher levels of both social and psychological integration in a sample of formerly homeless, mentally ill participants.

Economic integration may follow physical integration, as individuals begin to participate in the economic life of the community, entering the workforce and retaining employment over time. The workplace may provide opportunities to develop social networks and provide a sense of belonging (Price, 1985; Royal & Rossi, 1996). Price points out that work and community life are interrelated, mutually influential spheres of life. For individuals who have become disaffiliated from their communities, participating in the valued social role of a worker may contribute to a sense of belonging in the community.

Psychological integration may also facilitate economic integration. Individuals who experience a sense of belonging and acceptance may feel more able to take on more positive social roles, such as that of a worker or student. PSOC is also related to social interactions with neighbours (Farrell, Aubry & Coulombe, 2004) and more involvement in community activities (Gracia & Herrero, 2004). Individuals who have more social contact in their communities may also encounter more opportunities for employment through these social contacts.

Social integration, including positive contact with neighbours (“neighbouring”), may also have an important influence on PSOC. Although the two are related concepts, as Farrell and colleagues (2004) point out, they are not identical. PSOC is a psychological sense of belonging, while neighbouring describes a behavioural variable. Aubry and Myner (1996) found that neighbouring and PSOC were highly correlated for both residents of community mental health housing and a normative community sample. Other studies have found that contact with neighbours predicts PSOC in community samples (Farrell et al, 2004; Prezza et al, 2001).

Having dependent children may have an impact on PSOC, although the direction of this relationship may differ depending on personal resources and community characteristics. For example, Wilkinson (2008) found that among rural participants in medium- to high-income households, the number of children was positively related to PSOC, while for low-income households, the reverse was true. Brodsky, O’Campo and Aronson (1999) found that residents of low-income urban neighbourhoods who had children in the home had lower levels of PSOC than those without dependent children. This is consistent with Brodsky’s (1996) earlier finding a negative PSOC was protective for some mothers in low-income neighbourhoods; when these mothers perceived their neighbourhoods as dangerous, having a negative PSOC may have been seen as protective for their children. Similarly, Bishop, Chertok and Jason (1997) found a negative relationship between number of children and PSOC in a sample of men in a residential substance-abuse program. The authors suggest that having more children left some participants with less time to form bonds in their communities. Other studies have suggested that having children is related to higher levels of PSOC in community samples

(Obst, Smith & Zinkiewicz, 2002; Prezza & Costantini, 1998). However, in Prezza and Costantini's study, this was true of participants living in a small town, but not in the city. Given these mixed findings, it is not clear how having children contributes to PSOC. This may depend on the characteristics of the community itself, or on an interaction between individual and community-level characteristics.

Well-being and mental health variables have also been linked to PSOC. For example, Gracia and Herrero (2004) found that higher levels of personal distress and having experienced more negative life events were related to a lower sense of belonging in the community. Having higher levels of PSOC has been linked to higher levels of subjective well-being in both Canadian (Aubry & Myner, 1996; Farrell et al., 2004) and American community samples (Davidson & Cotter, 1991). Prezza (2001) and colleagues found that higher PSOC was related to greater life satisfaction in an Italian community sample.

Social support is conceptually related to PSOC and may have an important influence on people's sense of belonging in their communities. Sarason's (1976) original conceptualization of the construct, quoted above, incorporates social support as a fundamental aspect of PSOC. However, in a factor analytic study, Prezza and Costantini (1998) found that social support and PSOC loaded onto different factors, which they labelled as individual well-being and community well-being. They found that the relationship between these constructs depended on the community context. For small town residents, individual and community well-being were positively correlated; however, this did not hold true for city residents. Other authors have suggested that geographic communities may not provide the same opportunities for developing PSOC or

for attaining social support as other types of communities, such as mutual support, recreational or religious organizations (Bishop et al., 1997; Obst & White, 2007). Bishop and colleagues found that perceived social support was related to higher levels of PSOC among a group of men at a residential substance abuse program.

For people who have experienced homelessness, acculturation to homelessness may present a barrier to community integration. Past longitudinal research has found that shorter lifetime histories of homelessness are predictive of a greater chance of exiting homelessness and retaining stable housing (Piliavin, et al., 1996; Zlotnick et al., 1999). Piliavin, Sosin, Westerfield and Matsueda (1993) found an association between comfort with street life and the total amount of time spent homeless. As they remain homeless for longer periods of time, individuals may begin to identify with the negative social roles ascribed to them, thus becoming further entrenched in the culture of homelessness and devaluing themselves (Farrington & Robinson, 1999; Grigsby et al., 1990; Snow & Anderson, 1987). While no research was found that examined PSOC following homelessness, it is possible that as individuals become further entrenched in homelessness, they may experience increased difficulty in achieving a sense of belonging in the community.

The current study will examine the influence of physical, economic and social integration on psychological integration. In addition, the influence of personal characteristics that may influence the psychological integration of women who have experienced homelessness will be examined.

Model of Psychological Integration

The model of psychological integration guiding our study is presented in Figure 3. Psychological integration is defined here as experiencing a psychological sense of community (PSOC) within one's neighbourhood. The model specifies several predictors of psychological integration which have been selected based on past research on PSOC as well as the literature on community integration and homelessness discussed above.

First, it is expected that having dependent children will have an impact on psychological integration. Given the mixed findings in the literature, no prediction is made as to whether having dependent children will predict higher or lower levels of psychological integration. Next, it is predicted that higher levels of mental health functioning will predict greater psychological integration. Disaffiliation, conceptualized here as low levels of perceived social support, may present an obstacle to psychological integration. It is therefore predicted that higher levels of perceived social support will predict higher levels of psychological integration. It is further expected that acculturation to homelessness, conceptualized here as having a longer lifetime history of homelessness, will predict lower levels of psychological integration.

It is expected that other facets of community integration will influence psychological integration. The model specifies two indicators of physical integration, the amount of time participants have lived in their current housing, and housing quality. It is predicted that longer tenure in current housing and a higher level housing quality will be associated with a higher level of psychological integration. Next, one indicator of economic integration is posited, work stability. It is predicted that having spent a longer amount of time working will predict greater psychological integration. Finally,

neighbouring is included as an indicator of social integration. It is predicted that more positive contact with neighbours will predict higher levels of psychological integration.

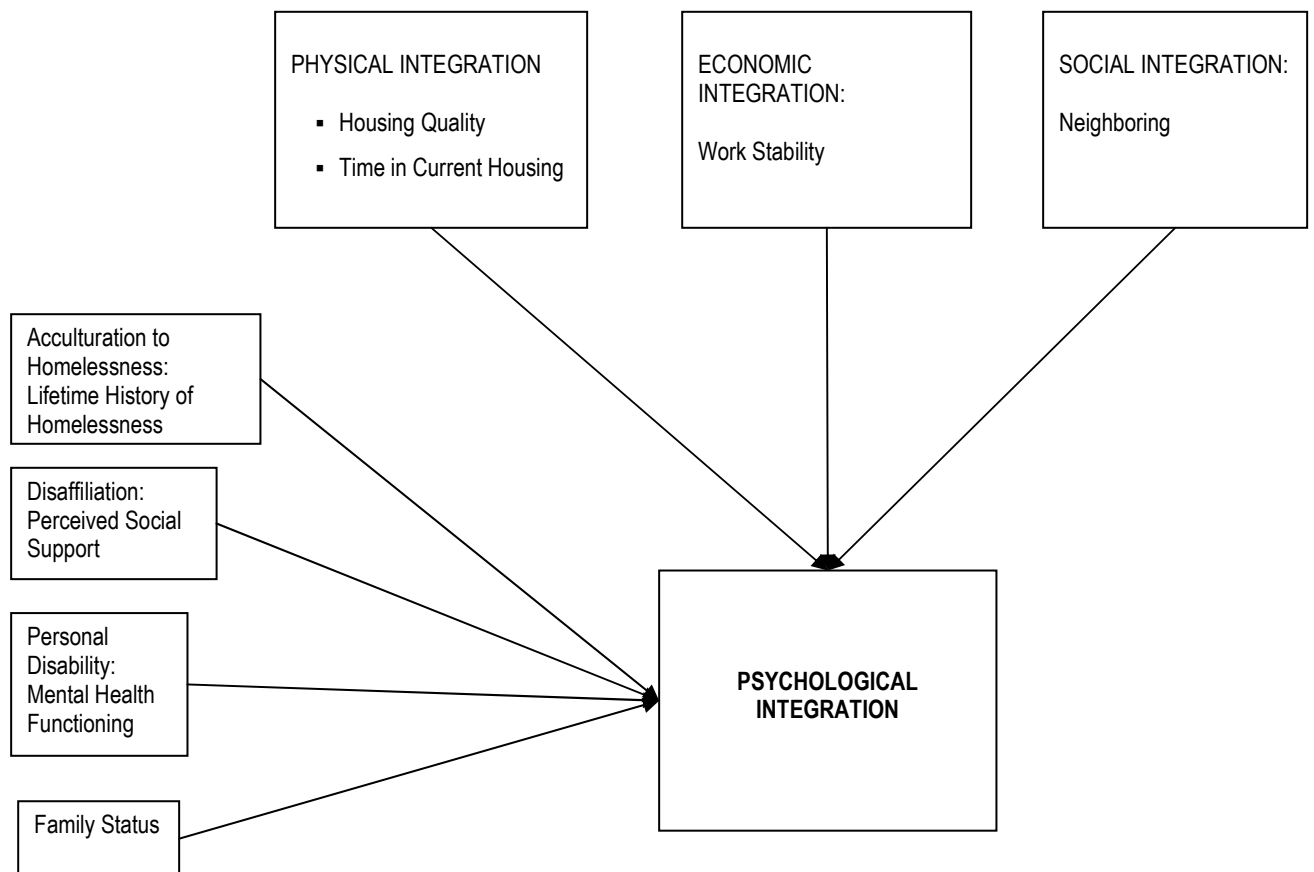


Figure 3. Pathway model of psychological integration: Relationship of family status, personal disability, disaffiliation, acculturation to homelessness, physical integration, economic integration and social integration to psychological integration.

Method

Participants and Procedure

This research was conducted as part of a larger, longitudinal study on homelessness in Ottawa (Aubry, Klodawsky & Hay, 2003; Aubry, Klodawsky, Nemiroff, Birnie & Bonetta, 2007). The methodology used in the study was approved by the Research Ethics Board at the University of Ottawa. Data collection took place in two phases, the fall and winter of 2002-2003, and the fall and winter of 2004-2005. At Time 1, approximately equal numbers of participants were recruited in each of five subgroups: adult men who were unaccompanied by children, adult women who were unaccompanied by children, adults with dependent children, male youth, and female youth. The sample for this paper consists of all adult women aged 20 or older who participated in both phases of the larger study ($N = 101$). All participants were homeless and resided at emergency shelters at Time 1.

At Time 1, the sample consisted of 85 women who were unaccompanied by children and 69 women with dependent children. A quota sampling strategy was used in order to select a sample that was representative of the population of shelter users in Ottawa. Stratification was based on population data provided by participating shelters. For women unaccompanied by children, the sample was stratified in terms of length of shelter stay, in the following proportions: under 14 days (36%); 14-26 days (18%); 27-61 days (21 %); 62 or more days (21%) and unknown (4%). The sample was also stratified in terms of citizenship (Canadian or other), and approximately 85% of women unaccompanied by children were Canadian citizens. There was no stratification based on

length of shelter stay for women with dependent children, and 70% percent of the women with dependent children were Canadian citizens. The number of individuals recruited at each shelter was also proportionate to the number of potential participants residing at each shelter. Shelters sampled included city-run family shelters, a general-purpose women's shelter, shelters for women fleeing domestic violence, a shelter for newcomers to Canada, and a shelter for Aboriginal women. Additional eligible participants were recruited from other services, including drop-in centres and meal programs. Program staff aided in recruiting participants. Participants received honoraria of \$10.00 for participation in the first interview and \$20.00 for the second interview.

In order to locate participants for follow-up interviews, participants were asked at Time 1 to provide consent for researchers to contact individuals and/or agencies including friends, family members, service providers, hospitals and shelters, as well as to provide their personal cell phone numbers and e-mail addresses when available. Participants were also asked to provide consent for the researchers to contact the municipal Employment and Financial Assistance branch, which distributes social benefits, to search for addresses and phone numbers of participants.

The majority of participants signed both forms, and provided at least one contact person. Brief follow-up was made by phone approximately one year following the initial interview, to maintain contact and update contact information (Aubry, Klodawsky, Hay, Nemiroff & Hyman, 2004). Participants were re-contacted approximately one year later to schedule follow-up interviews. Retention rates were 71% for women with dependent children and 65% for women unaccompanied by children. The final follow-up sample

consisted of approximately equal numbers of women with dependent children (n=49) and women unaccompanied by children (n=52).

Measures

Family Status

Participants were asked whether they had any children, the children's ages, and how many of their children normally lived with them at both the Time 1 and Time 2 interviews. Women with dependent children were those who lived with dependent children under age 18 at any time during the study period. All other participants were unaccompanied by children. Participants who resided in family shelters at Time 1 were considered women with dependent children since they had at least one dependent child under 18 years old living with them. Family status was confirmed at Time 2 using Toro and colleagues' (1997) Housing, Income, and Service Timeline (HIST), which consists of a housing history table on which the interviewer records a detailed history of the participant's living situation, employment, and income.

Mental Health Functioning

Mental health functioning was assessed at Time 1, using the mental component summary measure (MCS) of the SF-36, Version 2 (Ware, Kosinski & Gandek, 2002). The SF-36 is a screening instrument that provides a self-report measure of physical and mental health relative to a general population that can be matched by age and sex. Ware and colleagues report internal consistency and reliability for group comparisons above .80 for all sub-scales of the SF-36. For the current sample, internal consistency for the MCS was high ($\alpha = .92$).

Perceived Social Support

Perceived social support was measured at Time 1 using a brief, 5-item version of the S Scale of the Social Support Questionnaire (SSQ) (Sarason, Levine, Basham & Sarason, 1983). On the measure, participants list individuals who provide them with various types of support, then rate their satisfaction with each type of support on a 6-point scale that ranges from 1 (“very dissatisfied”) to 6 (“very satisfied”). A sample item from the SSQ is, “Whom can you count on to console you when you are very upset?” The overall S score is obtained by dividing the sum of scores for all items by 5. The possible range of scores for the 5-item SSQ S Scale is from 1-6, with high scores indicating higher levels of satisfaction. Sarason and colleagues report very high internal consistency of the full-scale, 27-item SSQ ($\alpha = 0.94$ for S). Test-retest reliability for the full scale over a period of one month is also strong ($r = .83$ for S). For the current sample, internal consistency of the 5-item version was also high, $\alpha = 0.87$.

Lifetime History of Homelessness

Number of months spent homeless was measured using the HIST, described above (Toro et al., 1997). Criteria for homelessness, based on Toro and colleagues (1999), were that participants did not have their own house, apartment or room and were either a) living on the streets or in shelters or b) staying temporarily in the home of friends or family and did not pay rent regularly. At Time 1, participants were asked their housing history for the past three years. Participants were then asked if they had any additional experiences of homelessness that had not already been recorded, and if so, how long they had been homeless. These questions were repeated until participants indicated that they had experienced no additional episodes of homelessness. Further episodes of

homelessness were recorded at Time 2. If additional episodes of homelessness occurred between the Time 1 and Time 2 interviews, these were included in the calculation of the final amount of time homeless for each participant. However, the most recent homeless episode before becoming housed was excluded in order to avoid overlap with the amount of time housed variable used in other analyses (see Chapter 5). Toro and colleagues report a test-retest correlation of the time homeless variable of the HIST of .73, based on a lifetime version of the HIST in a study of 31 homeless adults.

Physical Integration

Time in current housing. The amount of time participants had resided in their most recent housing at Time 2 was measured using the HIST (Toro et al., 1997). Participants' housing status was assessed to ascertain if they were housed or homeless at follow up. Participants were considered housed if they reported owning or renting their own house, room or apartment, including subsidized or social housing, or living on a permanent basis with other people such a spouse, partner or family members. Participants were considered housed if they were living in transitional, supportive, or supported housing at follow-up. A total of eight participants who were residing in shelters were considered homeless. Next, the number of consecutive days participants had lived in their most recent housing was calculated for all housed participants. Time in current housing was entered as zero for participants who were homeless at follow-up.

Housing quality. The Housing Quality Scale (Toro et al., 1997) was administered at Time 2. This scale lists six aspects of housing quality (comfort, safety, spaciousness, privacy, friendliness, and overall quality), which are rated on a 7-point scale, ranging from 1 (very bad) to 7 (very good). A mean rating is then calculated to determine the

total Housing Quality score (possible range, 1-7). Internal consistency was high for the current sample ($N = 98$; $\alpha = .83$).

Economic Integration

Work stability. The number of consecutive months participants were employed at Time 2 was used as a measure of work stability. Work stability was calculated on a case-by-case basis using information from the HIST (Toro et al., 1997).

Social Integration

Neighboring. A 10-item neighbouring scale created by Aubry, Tefft, and Currie (1995) was used. Items ask about the frequency of different kinds of social contact with neighbours, ranging from superficial contact, such as saying hello, to closer contact such as going on a social outing. Items are rated on a 5-point scale ranging from 1 (never) to 5 (frequently), and then summed for a total score (range = 5-50). Aubry and colleagues reported high internal consistency ($\alpha = 0.92$) in a large community sample. For the current sample ($N = 99$), Chronbach's alpha was 0.88.

Psychological Integration

Psychological integration was measured at Time 2 using a 12-item version of the sense of community scale used by Aubry (1992). Two items were removed from the original 14-item scale as they were not considered relevant to a population that has experienced housing difficulties. This scale assesses participants' perception of their sense of belonging in their neighbourhood, as well as the availability of help, feelings of influence and emotional investment in relation to their neighbours. Sample items include "I like to think of myself as similar to other people who live in this neighbourhood" and "I think 'every person for himself' is a good description of how people act in this

neighbourhood.” Response options can range from 1 (“strongly disagree”) to 5 (“strongly agree”). The possible total scale ranges from 12-60, with higher scores representing greater psychological integration. Farrell and colleagues report internal consistency of $\alpha = 0.72$ for the 14-item version of the scale. For the current sample ($N = 100$), internal consistency was high ($\alpha = 0.81$).

Results

Sample Characteristics

A total of 154 women were recruited at Time 1. The current sample consists of the 101 participants who participated in the follow-up interview. These were 52 women unaccompanied by children and 49 women with dependent children. At Time 1, the average age of participants was 35.6 years ($SD = 10.5$). The majority (76%) reported being non-partnered (i.e., single, separated, divorced or widowed), while 24% reported being partnered (i.e., married, living with a romantic partner or being in a common-law relationship). Participants reported having, on average, 1.6 children under age 18 ($SD = 1.46$). Women with dependent children had more minor children ($M = 2.41$, $SD = 1.34$), on average, than women unaccompanied by children ($M = .92$, $SD = 1.34$), $t(98) = -6.07$, $p < .001$, two-tailed. However, a substantial minority (44%) of women unaccompanied by children did report having at least one child under age 18.

A large minority of participants (37%) reported that they had less than a high school education. Of the remainder, 43% reported a high school diploma as their highest educational attainment, 11% reported having a college diploma or trade or technical certificate, and 8% reported having a university degree. Thirty-eight percent ($n = 39$) reported that they were not born in Canada. Of these, 41% reported being Canadian citizens, 31% reported being refugees, and 21% reported being landed immigrants.

Respondents vs. non-respondents. Tracking efforts yielded a follow-up rate of 66% overall. Respondents ($n = 101$) were compared to non-respondents ($n = 53$) using Phase 1 measures to determine if there were differences between the two groups. No significant differences were found in terms of age, marital status, level of education,

whether participants were born in Canada, or immigration status. Respondents had lived in the city in which the study was conducted for longer on average than non-respondents, $t(152) = -2.28, p < .05$, two-tailed. Long time residents may have been more likely to remain in the city, and may have also provided more local contacts than shorter-term residents, making it easier to re-contact them for follow-up. There were no differences between respondents and non-respondents on any of the Time 1 variables used in the psychological integration model, which included family status, perceived social support, and mental health functioning. There was no difference in lifetime history of homelessness at Time 1.

Table 9 shows means and standard deviations or percentages for the sample on each of the variables in the psychological integration model. Overall, participants reported a moderate level of psychological sense of community at Time 2, with a mean score of 39.07 out of a possible 60 ($SD = 6.65$). A large majority (88%) of participants reported being housed for at least 90 days at follow-up. Of these, a small proportion (4%) resided in institutional settings (i.e. transitional or supportive housing). There was much variability in the amount of time participants had resided at their current residence (range = 0 – 880 days, median = 383 days). Participants reported their housing quality to be in the range of “somewhat good” (5) to “good” (6) with an average ratings of 5.52 ($SD = 1.12$) out of a possible 7.

Table 9

Sample Characteristics

Variable	Whole Sample <i>M (SD)</i> or %
Psychological Integration: Psychological Sense of Community (<i>N</i> = 100)	39.07 (6.65)
Time in current housing (days) (<i>N</i> = 101)	397.79 (283.92)
Housing quality (<i>N</i> = 99)	5.51 (1.13)
Work stability (months) (<i>N</i> = 101)	2.49 (6.08)
Perceived social support (SSQ-S)	4.70 (1.37)
Neighboring (<i>N</i> = 100)	23.12 (8.77)
Family status: % unaccompanied by children (<i>N</i> = 101)	52%
Mental health functioning (SF-36 MCS) (<i>N</i> = 101)	35.60 (12.54)
Lifetime history of homelessness (months) (<i>N</i> = 101)	18.65 (28.73)

Twenty-two participants were working for pay at Time 2, and these had been working for, on average, 2.6 months ($SD = 6.16$). At Time 1, participants reported a moderately high level of satisfaction with social support, with a mean score of 4.70 out of 6 on the S scale of the SSQ ($SD = 1.37$). However, the women in this study reported low levels of mental health functioning at Time 1 ($M = 35.60$, $SD = 12.54$) compared to the normative sample of respondents from the 1998 survey of the U.S. general population ($M = 50$, $SD = 10$), $t(2573) = 14.03$, $p < .001$, two-tailed. No Canadian comparative data were available. The length of time participants had spent homeless over their lifetimes varied considerably between participants (range = 1 – 152 months; median = 7 months).

Many participants (20%) reported additional episodes of homelessness during the follow-up period.

Data Screening

Data were screened for missing values on all predictor variables. SPSS MVA was used to replace missing data for composite measures where at least 80% of items were completed. Where less than 80% of items were completed, cases were excluded from the regression analysis. Missing data were replaced for 4 cases on the employment history variable, and for 5 cases on the social support variable.

Results of evaluation of assumptions for the regression analysis led to transformations of selected variables to reduce skewness and improve the normality, linearity, and homoscedasticity of residuals. However, as overall results did not differ from those obtained using untransformed variables, the untransformed variables were retained. With the use of a $p < .001$ criterion for Mahalanobis distance, no multivariate outliers among the cases were found.

Model of Psychological Integration

A sequential multiple regression analysis was conducted using PASW Statistics 18 to test the ability of the model presented to predict psychological integration. The sample for this analysis consisted of $N = 98$ participants due to missing data for three participants on predictor variables. A post-hoc power analysis was conducted using G*Power 3.1.2 (Faul, Erdfelder, Lang, & Buchner, 2007). Given the sample size of $N = 98$, with eight predictor variables and an alpha level of 0.05, power for the regression equation was 0.76 to detect a medium effect size.

The predictor variables were entered in three blocks. Family status, mental health functioning, perceived social support and lifetime history of homelessness were entered together in the first step, as these variables were based predominantly on Time 1 data and felt to be primary in terms of temporal order. The two physical integration variables, housing quality and length of time in current housing, were entered together in the second step in order to examine the impact of these predictors together. Finally, the economic and social integration variables, work stability and neighbouring, were entered together in the final step. Both these variables were based on Time 2 data, and no prediction was made as to the primacy of either variable in predicting psychological integration.

The model of psychological integration was partially supported. The model was statistically significant at the end of the first step ($F(4, 93) = 2.56, p < .05$), which accounted for 10% of the variance in psychological integration ($R^2 = .10$). The predictive power of the model improved significantly with the addition of the physical integration variables in the second step ($F \text{ change}(2, 91) = 11.99, p < .001$) and accounted for an additional 19% of the variance in psychological integration ($R^2 \text{ change} = .19$). The addition of the economic and social integration variables in the third step resulted in a further improvement of the model ($F \text{ change}(2, 89) = 3.83, p < .05$) and accounted for an additional 6% of the variance in psychological integration ($R^2 \text{ change} = .06$). Overall, the final model accounted for 34% of the variance in psychological integration ($R^2 = .34$).

Table 10 shows unstandardized regression coefficients (B), standardized regression coefficients (β) and semi-partial correlations (sr^2) for each of the predictor variables in the sequential multiple regression, as well as change statistics for each step. Four of the predictor variables yielded significant semi-partial correlations. These were

family status, housing quality, time in current housing and neighbouring. Women with dependent children demonstrated higher levels of psychological integration than women unaccompanied by children. Having higher quality housing also predicted higher levels of psychological integration. Having spent a shorter time in one's current housing predicted higher levels of psychological integration, an unexpected result which ran counter to the prediction in our model. Having more interactions with neighbours predicted higher levels of psychological integration¹. In addition, mental health functioning approached significance in the first step ($p = .07$), with a trend toward better mental health functioning predicting higher levels of psychological integration.

¹ There is some apparent overlap in the Neighboring and PSOC Measures, notably in item (f) of the Neighboring scale ("How often have you talked with a neighbour about personal issues such as family concerns, work problems, or health?") and item (f) of the PSOC scale ("If I needed advice about something, I could go to someone in my neighbourhood") (see Appendices F and G). In order to avoid a potential confound between these variables, the regression analysis was re-run with the item omitted from the Neighbouring scale. As the results were unchanged, the original analysis was retained.

Table 10

Results of Sequential Multiple Regression of Psychological Integration

Predictor	<i>B</i>	<i>sr</i> ²	β	<i>R</i> ² Change	<i>F</i> for change in <i>R</i> ²
Model 1					
Family status	2.73	.19*	.21		
Mental health functioning	.10	.18	.19		
Perceived social support	-.50	-.10	-.10		
Lifetime history of homelessness	.03	.11	.11		
Constant	35.88				
Total for step				.10	2.56*
Model 2					
Family status	4.06	.26**	.31		
Mental health functioning	.07	.12	.13		
Perceived social support	-.40	-.08	-.08		
Lifetime history of homelessness	.02	.07	.07		
Time in current housing	-.00	-.15	-.17		
Housing quality	2.38	.38***	.40		
Constant	24.52				
Total for step				.19	11.99***
Model 3					
Family status	3.00	.19*	.23		
Mental health functioning	.07	.13	.14		

Predictor	<i>B</i>	<i>sr</i> ²	β	<i>R</i> ² Change	<i>F</i> for change in <i>R</i> ²
Perceived social support	-.56	-.11	-.12		
Lifetime history of homelessness	.01	.05	.05		
Time in current housing	-.00	-.17*	-.19		
Housing quality	1.93	.30***	.33		
Work stability	-.00	-.00	-.00		
Neighbouring	.20	.23**	.26		
Constant	23.74				
Total for step				.06	3.77

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

Discussion

This study examined predictors of psychological integration in the community for a sample of women who have experienced homelessness. The results presented here suggest that achieving psychological integration in the community following homelessness is challenging. Although the great majority of participants were housed at follow-up, most reported only a moderate sense of community within their neighbourhoods.

The model of psychological integration presented in this study was partially supported. First, women with dependent children reported higher levels of PSOC than those unaccompanied by children. This result runs counter to some past research, which has suggested that having children may actually reduce PSOC for low-income, urban residents (Brodsky et al., 1999; Wilkinson, 2008). Other research, however, has shown that having children is associated with higher levels of PSOC in community samples (Obst et al, 2002). A plausible explanation of our results is that having children provides many opportunities to become involved in community activities related to schools, community events, community centres and so on, thus providing women with dependent children more opportunities to develop a sense of belonging in their neighbourhoods.

Both physical integration variables, amount of time in current housing and housing quality, predicted level of psychological integration. The relationship with the amount of time in current housing was not in the expected direction, however; participants who had been in their current housing for longer periods of time actually reported lower levels of psychological sense of community (PSOC). One possible

explanation for this is that participants are hopeful when entering new housing, but then fail to achieve a sense of belonging in their neighbourhoods over time.

Participants generally reported housing quality in the range of “somewhat good” to “very good” (mean = 5.51 out of a possible 7). The relationship between housing quality and PSOC was more straightforward: better quality housing predicted higher levels of PSOC. This result is consistent with past research (Gulcur et al., 2007; Nelson et al., 2006), which has demonstrated that better quality housing is associated with greater psychological integration. Conversely, living in low-quality housing may have the opposite effect, causing people to withdraw from their social networks (Wells & Harris, 2007) including their neighbours. As well, it might be protective for some women to actively disaffiliate from their neighbourhoods when they perceive them as dangerous (Brodsky, 1996).

Finally, neighbouring, an indicator of social integration, emerged as a significant predictor of psychological integration. This result is consistent with past research which has found a strong relationship between PSOC and contact with neighbours (Aubry & Myner, 1996; Farrell et al, 2004; Prezza et al, 2001). It makes sense that a greater sense of belonging in one’s neighbourhood would develop as one spends more time with one’s neighbours. The relationship is likely bi-directional; experiencing a greater sense of community may help foster more frequent contact with neighbours, as well.

Mental health functioning did not reach significance as a predictor of psychological integration in this sample; however, there was a trend toward better mental health predicting higher levels of psychological integration. Past research has suggested a link between PSOC and factors such as life satisfaction (Prezza 2001) and subjective

well-being (Aubry & Myner, 1996; Davidson & Cotter, 1991; Farrell et al., 2004). A larger sample may have provided enough statistical power to detect a statistically significant relationship between level of mental health functioning and psychological integration in this study. In addition, examination of a broader range of personal disability variables, for example physical health and substance abuse difficulties, may have helped uncover a relationship between personal well-being and a feeling of belonging in the community.

Social support, an indicator of disaffiliation, did not predict psychological integration in this sample. Overall, participants in this sample reported relatively high levels of satisfaction with social support; however, it is possible that their social network did not include neighbours, and therefore did not contribute to a sense of belonging in their neighbourhood. While PSOC and social support appear to be related constructs, these results confirm Prezza and Costantini's (1998) finding that different factors underlie each construct; a sense of satisfaction with one's social network does not necessarily translate into a sense of belonging in the larger community.

Lifetime history of homelessness did not predict psychological integration in this sample. Although no previous research was found examining the impact of length of time homeless on PSOC, it was expected that longer histories of homelessness would represent a greater degree of acculturation to homelessness, and therefore present a barrier to achieving a sense of belonging in one's neighbourhood. However, for this sample at least, it appears that finding high quality housing and having contact with neighbours facilitated psychological integration, regardless of the length of time participants had spent homeless during their lifetimes.

Finally, economic integration did not emerge as a significant predictor of psychological integration in this sample. Although past literature has suggested that work may be linked to psychological integration in the larger community (Price, 1985; Royal & Rossi, 1996), this did not appear to be true for this sample. One possible explanation for this is that participants may have, in fact, experienced PSOC connected to their workplaces, but that this was not tapped by our measure, which examined a sense of belonging in the neighbourhoods in which they lived. Another explanation has to do with the kinds of work participants were engaged in. Price argues that having a greater measure of control at work is related to greater PSOC. An examination of the work lives of the participants in this study reveals that most likely experienced little control or satisfaction at work. Only a minority (21%) were working at follow-up, and most of these had low-paying, largely part-time jobs, and had been working for relatively short periods of time ($M = 2.49$ months) (Nemiroff, Aubry & Klodawsky, 2010). It is not surprising therefore that work stability did not contribute to a sense of belonging in the community for the women in this study.

Limitations

A primary limitation of this study was the sample size. Approximately one-third of participants were lost to attrition at follow-up, resulting in relatively small sample of women and a relatively low level of statistical power. A larger sample would have provided to opportunity to examine the experiences of women with and without dependent children separately, allowing a richer understanding of their diverse experiences of psychological integration. A larger sample would also have allowed examination of a wider variety of predictor variables, thus providing a fuller and more

accurate picture of what helps women achieve a sense of belonging in their neighbourhoods following homelessness.

Another limitation may be the sampling strategy that was used. The sample may not be representative of all homeless women in Ottawa. Almost equal groups of women unaccompanied by children and adults with dependent children were recruited for the purposes of this study. However, approximately 25% more women unaccompanied by children than adults in families stayed in Ottawa shelters in 2009 (Alliance to End Homelessness, 2010). As well, all the women in this study resided in shelters at Time 1, which excluded women living in other situations such as on the street, in abandoned buildings, or staying temporarily with friends or family. In addition, since service providers aided in recruitment of participants, there is the possibility that there may have been some bias in the sample, most likely toward higher functioning individuals.

A third limitation is that the study relied on self-reported information. Self-report data may be vulnerable to the effects of bias or inaccuracy due to faulty memory, lack of information, or reticence on the part of participants. A related limitation is the use of only quantitative data in this study. However, findings from qualitative data were also gathered and have been reported elsewhere (Klodawsky, Aubry, Nemiroff, Bonetta & Willis, 2007). Finally, the nature of the social services in the city in which the study was conducted, which may differ from those in other cities, may limit the generalizability of these findings.

Conclusions and Implications

The research presented here represents the first longitudinal study examining psychological sense of community in a sample of Canadian women who have

experienced homelessness. The model of psychological integration presented was partially supported, with family status, housing quality, and neighboring emerging as significant predictors of psychological integration. The findings suggest important areas of focus for interventions aimed at helping women who have experienced homelessness become reintegrated in the larger community. The importance of housing quality in predicting PSOC suggests that efforts be made to help women who have experienced homelessness find housing that is safe, comfortable, provides adequate living space and privacy, is in a friendly environment, and is of high overall quality. These features may help women experience a greater sense of belonging in their communities which may, in turn, result in greater housing stability. It is hoped that the counter-intuitive finding, that longer tenures in their current housing actually predicted lower PSOC, would be reversed if these women were able to secure housing that met these criteria for comfort. There is a lack of high-quality, affordable housing in many cities, and the housing that women can afford following homelessness is too-often of poor quality, over-crowded and uncomfortable. Often women must settle for housing in areas with high crime rates, where there is little friendly contact with neighbours. Improving and enforcing standards for building and maintaining housing is one possible step toward improving the quality of affordable housing, for both subsidized and regular market units. In addition, building new subsidized housing units in a variety of locations and neighbourhoods, rather than concentrating these units in “housing projects” in low-income areas might help ensure better quality subsidized housing.

Increased neighbourhood safety, as well as community activities that provide opportunities for neighbours to meet and interact in positive ways, particularly in low-

income areas, would go a long way toward helping women who have experienced homelessness, and indeed other residents of these areas, to experience a greater sense of community in their neighbourhoods. These opportunities may already exist for women with dependent children, particularly if the children are young as schools may host events. However, organizations or events that are inclusive of all neighbourhood residents would help increase PSOC for all members of the community.

These findings underline the importance of community-level interventions. By providing quality housing in poor neighbourhoods, increasing neighbourhood safety, and providing opportunities for neighbouring, agencies can make an important contribution to increasing women's sense of community following homelessness, which may in turn foster their well-being and increase housing stability. These changes must be made at multiple levels. Federal and provincial funding programs can provide opportunities for municipalities to increase needed services and improve the quality of affordable housing. Increasing the number of high-quality subsidized housing units, or providing subsidies for existing high-quality housing, would go a long way toward improving the living conditions of disadvantaged people. Service providers can take into account the findings regarding positive contact with neighbours when designing programs or direct women toward already existing programs that may help fulfill these needs.

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CHAPTER 7

Discussion and Conclusions

Models of Community Integration

This thesis presented and tested predictive models of three distinct facets of community integration for women who have experienced homelessness. The first model predicted physical integration, which was defined in terms of attaining and retaining stable housing. The second model predicted economic integration, defined in terms of participation in work or education. The third model predicted psychological integration, defined as psychological sense of community in the context of one's neighbourhood. Each model was presented in a separate manuscript within the thesis, accompanied by a review of the relevant literature.

Taken together, the results of the three studies demonstrate that participants achieved a moderate level of community integration following experiences of homelessness. The majority of participants had been housed for at least 90 days at follow-up, suggesting that achieving physical integration in the community is within the reach of most women who experience homelessness, and especially women with dependent children. However, few had achieved economic integration, with only a minority participating in the workforce or education. Finally, participants achieved only a moderate level of psychological integration, suggesting that developing a sense of belonging where one lives may be challenging following an episode of homelessness.

Social role valorization (SRV) (Thomas & Wolfensberger, 1999) was presented as the theoretical basis for the models of community integration presented in the thesis. SRV stresses the importance of attaining valued social roles in order for people who

occupy devalued social roles to become integrated in the community. SRV was presented as a framework for examining homelessness. The role of a “homeless person” is devalued in our society, and people experiencing homelessness may be disaffiliated from the mainstream of society. Over time, people may become acculturated to homelessness, internalizing this devalued role and incorporating it into their identities.

The models of community integration presented in this thesis were based on the models developed by Piliavin and colleagues (1993, 1996), and elaborated by Zlotnick and colleagues (1999), which examined pathways through homelessness based on several clusters of variables, including indicators of disaffiliation and acculturation to homelessness. These models were extended to examine three facets of community integration following homelessness. The first article presented a predictive model of physical integration which tested the impact of family status, personal disability, disaffiliation, acculturation to homelessness, human capital and the provision of housing support on two aspects of physical integration, housing status and amount of time housed at follow-up.

The second article presented a predictive model of economic integration that incorporated the impact of physical integration as a predictor. Other predictors included were indicators of family status, personal disability, human capital, disaffiliation, and acculturation to homelessness. Four economic integration outcomes were tested. The first was a dichotomous outcome, with participants being considered economically integrated if they were either working or attending an educational program. The second was work stability, defined as the number of consecutive months participants had been working at follow-up. The third was engagement in education (either full- or part-time),

and the final economic integration outcome examined was engagement in full-time studies.

The third article presented a model of psychological integration that incorporated the impact of both physical and economic integration, as well as a measure of social integration. Other predictors in this model were family status, personal disability and acculturation to homelessness.

Taken as a whole, the predictive models of community integration were partially supported. Table 11 illustrates the relationship between the predictor variables and each of the predicted community integration variables.

Family status proved the most potent predictor of community integration overall. Women with dependent children reported higher levels of physical integration than those unaccompanied by children; they were more likely to be housed for at least 90 days, and had lived in their current housing for longer on average. Women with dependent children also had higher levels of economic integration, being more likely to be either employed or attending school at follow-up than women unaccompanied by children. Finally, women with dependent children had higher levels of psychological integration, reporting greater feelings of belonging and connection within their neighbourhoods than women unaccompanied by children.

A number of factors may account for the differences between women with and without dependent children. A significant number of the women unaccompanied by children were mothers of minor children, but did not have their children in their custody at any time during the study period. In some cases, mothers who were unaccompanied by their children may have found alternatives to bringing their children to shelters, for

example, by leaving them in the care of relatives. However, for others, child protection services may have removed children from their care. Chau, Fitzpatrick, Hulchanski, Leslie and Schatla (2009) found that housing was often a factor in child protection services' decisions to remove children from the household in Toronto. However it was not sufficient grounds for removal; neglect or abuse also needed to be present. In our study, of the 23 women unaccompanied by children who were mothers of minor children, 6 (26%) reported having children in the care of the Children's Aid Society at each interview. In contrast, only one woman with dependent children reported having a child in the care of Children's Aid at Time 1, and none reported this at Time 2.

These findings suggest that for some women at least, homelessness is one of many barriers to caring for their children. Other factors may have included fleeing abusive situations or personal disability factors that were not examined in this research. Women unaccompanied by children reported more personal disabilities overall than did women with dependent children, including more physical and mental health difficulties as well as higher levels of substance abuse (Aubry et al., 2003). These difficulties may, in turn, have presented barriers to community integration.

Having children may have had an impact on participants' physical integration in a variety of ways. Some women with dependent children may have remained in housing that they might otherwise have left rather than expose their children to the risk of further homelessness or risk losing their children due to child protective services intervention. It is also possible that higher quality, affordable rental units are more readily available for women with dependent children than for women unaccompanied by children. Women with dependent children tended to have higher incomes and may have been able to afford

Table 11

Relationship Between Predictor Variables and Predicted Variables in the Predictive Models Of Community Integration

Predictor Variables	Physical Integration		Economic Integration				Psychological Integration
	Housing status	Time in Current Housing	Economic Integration	Work stability	Engagement in Education	Participation in full-time studies	Psychological sense of community
Family status ^a	x (+)	x (+)	x (+)				x (+)
Mental health functioning			x (+)				(x) (+)
Perceived social support		x (+)					
Access to subsidized housing	x (+)	x (+)					
Lifetime history of homelessness							
Employment history			x (+)	x (+)			
Work status at Time 1				x (+)			
Level of education						x (-)	
Housing quality							x (+)
Time in current housing							x (-)
Amount of time housed			(x) (+)	(x) (+)			
Work stability							
Neighbouring							x (+)

Note. Significant statistical relationships are denoted by x ($\alpha = .05$). Trend-level relationships ($.05 \leq p < .10$) are denoted by (x).

^a (+) denotes positive relationship between having dependent children and the predicted variable.

better housing than women unaccompanied by children, which in turn may be conducive to greater housing stability. In addition, services directed to homeless families may be more intensive, effective or readily available than services for women unaccompanied by children.

Having children also contributed to the economic integration of the women in this study. This may have been because having children to care for increased some participants' motivation to return to work or school. In addition, higher incomes may have facilitated returns to school for some participants with dependent children. Personal disability factors may have presented obstacles to economic integration for women unaccompanied by children.

Finally, women with dependent children had higher levels of psychological integration than women unaccompanied by children. Having children may facilitate psychological integration by providing women with opportunities to become involved in community events and organizations that are often child-focused. Schools often provide opportunities for parents to meet each other and form connections. In addition, women with children might be more likely than those unaccompanied by children to remain in their neighbourhoods and use resources such as libraries, parks and recreation facilities, which may in turn increase their sense of belonging in the neighbourhood.

Disaffiliation, as measured by perceived social support, was predictive of physical integration, with greater social support predicting a longer tenure in one's current housing. This was consistent with past research that has shown perceived social support to be associated with exiting homelessness (Cohen Ramirez, Teresi, Gallagher & Sokolovsky, 1997) and achieving housing stability (Anucha, 2003; Bassuk et al., 1997).

Past research has suggested that individuals become less reliant on previous social networks as the amount of time they are homeless increases (Farrington & Robinson, 1999). However, while men might begin to incorporate more homeless individuals into their social networks over time (Farrington & Robinson; Grigsby et al., 1990), women appear to garner increasing social support from service providers (Breese & Feltey, 1996; DeOlló, 1997). Incorporating service providers into one's social network may be advantageous; these relationships may help women become integrated into the community. This research did not examine whether this held true for the current sample. However, the intervention of service providers or to living in proximity to those they considered social supports may have helped some women to remain in their housing over time.

Contrary to predictions, disaffiliation was not predictive of housing status or of either economic or psychological integration. This may, in part, be due to the way in which the construct was measured; satisfaction with social support was the only measure of disaffiliation used. Other measures of disaffiliation such as size or composition of social networks, or measures of long-term disaffiliation such as disruption of childhood family structure or long-term poverty, might have yielded different results.

Personal disability was a significant predictor of economic integration; those with better mental health functioning were more likely to be either working or attending school. In addition, there was a trend toward better mental health functioning predicting higher levels of psychological integration. These results are consistent with past research; for example, Mares and Rosenheck (2006) found that mental health difficulties are associated with a lower likelihood of working among homeless veterans, and

Danziger, Carleson and Henley (2001) found that better mental health was associated with steady employment in women who left welfare in the United States. Other researchers have found that PSOC is related to such factors as life satisfaction (Prezza, 2001), and a sense of subjective well-being (Aubry & Myner, 1996; Davidson & Cotter, 1991; Farrell, Aubry & Coulombe, 2004). Mental health functioning was the sole measure of personal disability used in this study. Including other measures of disability, including physical health functioning and substance abuse difficulties, may have provided a richer picture of the role of personal disability in community integration.

Human capital variables were predictive of economic integration, but not of physical or psychological integration. Participants who had spent a greater proportion of their adult lives working for pay were more likely to be either working or attending school and had been working for longer on average. Those who were working at the initial interview had also been working for longer periods at follow-up. This result is consistent with findings in the literature that past work history predicts employment among mothers who have received social assistance (Cheng 2007; Crittenden et al., 2002) and among people who have experienced homelessness (Bogard et al., 2001).

A more surprising finding was that lower levels of education predicted a return to school. Other authors have found that past academic success is predictive of returns to school (Astone et al., 2000; Neissen, 2006). Many of those who returned to school in this study had not completed high school; these results suggest that these women experienced their low levels of education as a barrier to economic integration which they sought to overcome. In addition, local social benefits programs encourage recipients to attend educational programs, and benefit periods may be extended for those who attend school

(personal communication, City of Ottawa Employment and Financial Assistance Branch, August 19, 2010).

The importance of providing financial resources in order to assist people who have experienced homelessness to become integrated in their communities was underlined by the finding that the provision of subsidized housing was a strong predictor of physical integration. Women who had accessed subsidized housing at any time over the study period were more likely than others to be housed for at least 90 days at follow-up. Access to subsidized housing has been a strong and consistent predictor of exiting homelessness and achieving housing stability in past research (Shinn et al, 1998; Wong & Piliavin, 1997; Zlotnick et al., 1999). Once housed, other facets of community integration became available to participants, as evidenced by the impact of physical integration on both economic and psychological integration.

Different facets of community integration are interrelated, and some forms of integration may precede others. In this thesis, it was proposed that physical integration, establishing a presence among the housed population, would be the first step toward other forms of community integration. It was predicted that economic integration would follow. Once participants were established in stable, high quality housing, they would be better equipped to find work or return to school, rejoining the economic life of their communities. Finally, it was predicted that, once established in homes and jobs or education, participants would begin to experience a psychological sense of community within their neighbourhoods, and thus psychological integration would be the final step in becoming fully reintegrated in the community. These predictions were partially supported by the models of community integration tested in the thesis. Physical

integration did indeed appear to be important; indicators of physical integration predicted psychological integration and approached significance as predictors of economic integration.

There was a trend toward those who had been housed for longer to have achieved economic integration and to have been working for longer at follow up; however, these results did not achieve statistical significance. A larger sample size might have provided the statistical power necessary to detect a significant effect. The relationship between physical and economic integration may be bidirectional. Being housed may facilitate becoming and remaining employed (Mares & Rosenheck, 2006; Wright, 1997). It is difficult to search for work when taking care of the most basic needs such as food and shelter are high priorities (Brink 1996). Living in a shelter may pose additional barriers, such as limited access to telephones or computers. Being employed may also assist people in exiting homelessness (Shaheen & Rio, 2007) by providing greater financial resources as well as more housing opportunities, as many landlords may balk at renting to unemployed tenants. In a qualitative analysis of data from the current study, many participants cited lack of employment income as a barrier to attaining and retaining housing (Klodawsky et al., 2007).

Two indicators of physical integration, housing quality and length of tenure in one's current housing, were predictive of psychological integration. Women who perceived their housing as being of better quality- more comfortable, more spacious, affording greater privacy, safer, and more friendly- felt a greater psychological sense of community. Conversely, women who had been in their current housing for greater lengths of time experienced lower levels of psychological integration.

This latter finding may be associated with the housing or neighbourhoods in which participants were housed. In Toronto, Paradis, Novac, Sarty and Hulchanski (2009) found that many women described moving to badly maintained housing and dangerous neighbourhoods after leaving homeless shelters. Participants may have been hopeful upon entering housing, but over time they may have encountered difficulties with their housing or neighbours, which in turn led to lower levels of psychological integration. It may be protective for women to experience a negative psychological sense of community if they are living in low quality housing or dangerous neighbourhoods (Brodsky, 1996).

Contrary to expectations, economic integration was not predictive of psychological integration. People appeared to experience an equal psychological sense of community irrespective of how long they had been working at follow-up. This finding makes sense given the low levels of economic integration found in the sample. Only about one fifth of participants were working at follow-up, and most of these had low-paying, largely part-time jobs, and had been working for relatively short periods of time. An additional fifth of the sample were attending school at follow-up, but only nine of these were full-time students. It may be that the type of work participants succeeded in securing, or the education programs they enrolled in, did not contribute to a sense of belonging in the community. This may be especially true if participants worked or attended courses outside of their neighbourhoods. The PSOC measure used in this study was specific to psychological integration within one's neighbourhood.

Social integration, which was not examined in depth in this thesis, proved an important predictor of psychological integration; having frequent, positive contact with

one's neighbours may foster a sense of belonging. It makes sense that a greater sense of belonging in one's neighbourhood would develop as one spends more time with one's neighbours. Having a greater sense of community may, in turn, foster more contact with neighbours.

Overall, the results of this study suggest that the relationship between different facets of community integration is complex, with only some elements of community integration affecting each other. Personal characteristics, including family status, perceived social support, mental health functioning, and human capital appear to have an impact on community integration, as does the provision of resources such as subsidized housing.

Despite theoretical and empirical support in the literature, acculturation to homelessness did not significantly predict any of the three facets of community integration examined. Gender differences may be at least in part responsible for the differences between the current results and past research. Much of the research examining the impact of acculturation to homelessness has used exclusively or primarily male samples, whose experiences of homelessness might be very different from those of women. For example, the predominantly male participants in Grigsby and colleagues (1990) study reported very long episodes of homelessness, with six to seven months being considered a relatively short episode, and more than six years being considered long. This population differs from the current sample, which experienced much shorter episodes of homelessness. At Time 2, participants reported being homeless for, on average, approximately 19 months over their lifetimes, and only 38% reported lifetime histories of homeless of more than one year.

Another possible explanation for the lack of relationship found between acculturation to homelessness and community integration has to do with how the construct was measured. The only indicator for acculturation to homelessness used was the total amount of time participants had spend homeless over their lifetimes. A more direct measure of acculturation, such as one identifying participants' degree of identification with other homeless individuals, may have revealed a relationship between acculturation to homelessness and community integration.

Although the predictive models tested here were only partially supported, the research presented in this thesis has helped to illuminate pathways to community integration for women who have experienced homelessness. Anderson (2001) points out that it is useful to conceptualize the question of how people gain and lose housing in terms of pathways through homelessness. Rather than looking at only one end of a sequence of events, this conceptualization allows researchers to examine the processes involved in homelessness and finding housing, and the different courses this process may take. This research has looked beyond housing, at trajectories of community integration for women who have experienced homelessness, and it has examined the interrelation of different facets of community integration.

Limitations of the Research

A limitation of this study was the sample size. Approximately one-third of participants were lost to attrition at follow-up, resulting in a relatively small sample of women. A larger sample would have increased statistical power and allowed for the examination of a wider variety of predictor variables, thus providing a fuller and more accurate picture of what helps women become physically, economically, and

psychologically integrated in their communities following homelessness. Including a wider variety of predictors would have been especially useful to explore the roles of personal disability, disaffiliation, and acculturation to homelessness in participants' pathways to community integration. In addition, having a greater number of participants would have provided to opportunity to examine the experiences of women with and without dependent children separately, allowing a richer understanding of their diverse experiences of community integration.

Another limitation may be the sampling strategy that was used. The sample may not be representative of all homeless women in Ottawa. Approximately equal groups of women unaccompanied by children and adults with dependent children were recruited for the purposes of this study; however, approximately 25% more women unaccompanied by children than adults in families stayed in Ottawa shelters in 2009 (Alliance to End Homelessness, 2010). As well, all the women in this study resided in shelters at Time 1, which excluded women living in other situations such as on the street, in abandoned buildings, or staying temporarily with friends or family. In addition, since service providers aided in recruitment of participants, there is the possibility that there may have been some bias in the sample, most likely toward higher functioning individuals.

The location of the research presents another limitation. The needs and experiences of homeless women in Ottawa may differ from those in other cities. The social services available in Ottawa may be different from those in other cities. The labour and housing markets may also differ from those of other Canadian cities.

A final limitation is that the study relied on self-reported information. Self-report data may be vulnerable to the effects of bias or inaccuracy due to faulty memory, lack of

information, or reticence on the part of participants. A related limitation is the use of only quantitative data in this study. A quantitative approach offers participants limited response options, making it difficult to explore in depth the complex processes through which people become integrated in their communities following homelessness. However, findings from qualitative data which complement these findings were also gathered and have been reported elsewhere (Klodawsky et al., 2007).

Conclusions and Implications

Taken together, the results for the three models of community integration suggest that women who have experienced homelessness face barriers to become reintegrated in their communities. There was some good news: the majority of participants (88%) had been housed for at least 90 days at follow-up. However, many women continued to struggle to achieve economic and psychological integration. Only a small number were working (22%). Although a fifth (21%) of participants were attending school, only a small number were attending full-time studies (9%). Participants reported, on average, only a moderate level of psychological sense of community (Mean = 39.07, $SD = 6.65$, out of a possible score of 60). Further, participants continued to struggle with poverty and poor quality housing. Participants reported low levels of income, with only 18% reporting employment income. Other sources of reported income were social assistance (Ontario Works; OW) (46%) and disability assistance (Ontario Disability Assistance Plan; ODSP) (22%).

No statistically significant difference was found in income between those who received OW and those who received ODSP, although in dollar terms, ODSP rates ($M = \$1077/\text{month}$) are higher than OW rates ($M = \$895/\text{month}$). Among those who were

employed, incomes remained very low, with most working at low-paying and/or part-time jobs ($M = \$1182/\text{month}$ after removal of a single higher-income participant). These rates are well below the median incomes in the Ottawa area reported by Statistics Canada for 2007 (Statistics Canada, 2010), which were $\$2492/\text{month}$ for single individuals and $\$3472/\text{month}$ for single-parent families.

That low levels of income had an important negative impact on the women in this study was clear. Participants reported spending, on average, over a third (34%) of their income on rent, above the 30% housing affordability standard recommended by the Canada Mortgage and Housing Corporation (2005). It was not surprising, given these numbers, that over a quarter of participants (28%) reported living in poor-quality housing (i.e. in the range of “very bad” to “neither good nor bad”).

The findings suggest important areas of focus for interventions aimed at helping women who have experienced homelessness become reintegrated in the larger community. First and foremost, it appears vital to help women attain and retain affordable, high quality housing. The provision of subsidized housing is clearly one very important route to helping low-income women exit homelessness. Increasing the number of high-quality subsidized housing units, or providing subsidies for existing high-quality housing, would go a long way toward improving the living conditions of women following homelessness. Increasing social assistance and disability assistance rates would also help provide women who have experienced homelessness with the financial resources they need in order to exit homelessness to high quality housing.

The ongoing financial hardship experienced by most participants in this study, regardless of whether they were employed, highlight the importance of providing services

that help women to find or prepare for higher-paying, full-time, and stable employment. One effective route might be to help women who have experienced homelessness to find work immediately, and to provide training only after employment has been obtained (Shaheen & Rio, 2007). Housing and employment services need to be coordinated in order to help women exit homelessness to stable housing, and, at the same time, provide opportunities for employment or education. Psychological integration may foster well-being as well as housing stability. Providing opportunities for positive social contact within their neighbourhoods may help women unaccompanied by children to develop a greater psychological sense of community.

Women unaccompanied by children and women with dependent children had different outcomes in terms of both physical and psychological integration. These findings suggest that women unaccompanied by children may need increased or perhaps better-directed, more effective services to attain physical and psychological integration. The needs women who are unaccompanied by children clearly differ from those of women with dependent children. For some women, services may be needed to address personal disability issues such as health or addiction difficulties. Available services must be examined and changes made if necessary to ensure that women both with and without dependent children receive the help they need to move from homelessness to community integration.

In order to help women exit homelessness, gain employment, and establish a sense of belonging in the community, changes must be made at multiple levels. Federal and provincial funding programs can provide opportunities for municipalities to increase needed services and improve the availability and quality of affordable housing. Local

service providers can develop programs that help women find and retain high-quality housing, attain employment, and provide opportunities for social contact that may foster a sense of belonging in the community.

Gaetz (2010) argues that a comprehensive approach to ending homelessness is needed in Canada, which must involve all levels of government. Such a strategy would need to include a preventive element, focusing on helping people remain housed, as well as emergency measures and strategies to help people transition out of homelessness to stable housing. The provision of affordable housing and the coordination of service delivery are essential elements of a successful approach to preventing ending homelessness. Appicello (2010) argues that while approaches to preventing and ending homelessness that target specific groups of individuals may find some success, this will be short-lived unless affordable housing and poverty issues are addressed at a population level.

Directions for Future Research

Hulchanski and colleagues (2009) argue for the importance of examining multiple “homelessnesses”. Different subgroups of the population face different challenges and may need different interventions in order to exit homelessness and become fully reintegrated in their communities. This thesis has examined some of the individual and social factors that contribute to exiting homelessness, becoming employed, and experiencing a sense of belonging in the community for a sample of women in Ottawa. However, overall, the participants in this study achieved relatively low levels of community integration. Further research is needed that focuses on the specific needs and challenges of women who experience homelessness in order to shed light on possible

policy and service provision strategies that might help this population become fully integrated in the community.

The results of the current research suggest several possible directions for future research. First, it would be interesting to examine aspects of community integration that were not examined in this study. One example is social integration, which proved to be an important predictor of psychological integration. However, an examination of which factors predict social integration in this population would be a helpful contribution to the literature.

The recommendations made in this thesis centre primarily around the provision of services, which must be undertaken at multiple levels. However, it is not always clear which services are effective, and for whom. Evaluation of existing services and documentation of best practices are promising areas for future research.

Conducting further longitudinal research would provide the opportunity to examine pathways to community integration over time. It is recommended that larger studies be conducted that would provide opportunities to examine a greater number of predictors of community integration. Ideally, the experiences of women with and without dependent children should be examined separately. A larger sample size would allow this, and would also provide the opportunity to examine a greater variety of indicators of disaffiliation, acculturation to homelessness, and personal disability, which might provide further insight into community integration for this population. In addition, a longer follow-up period, for example a five-year period, with more frequent interview points, would provide the opportunity to better examine changes over time and it might provide a better picture of how women become reintegrated in their communities after experiencing

homelessness. Longitudinal studies conducted in multiple cities would provide the opportunity to examine similarities and differences between homeless women across Canada.

The women in this study came from diverse cultural backgrounds, with a substantial proportion (39%) born outside of Canada, as well as a relatively large number of participants of Aboriginal background (13%). It was beyond the scope of this thesis to examine the effect of cultural background on experiences of homelessness and subsequent re-integration in the community. Cultural factors may be an important area of consideration future studies of homeless women in Canada.

While the current research focused primarily on individual characteristics, examining systemic factors is essential in understanding the causes and solutions to homelessness. Future research should focus on identifying institutional and systemic factors that contribute to the course of homelessness and ways in which these interact with individual characteristics. For example, Fertig and Reingold (2008) examined both individual and systemic factors predicting family homelessness in twenty American cities. Individual factors included income, social support, and family structure, while systemic factors include labour market conditions, the availability of affordable housing, and the availability of social services. Replicating such studies in the Canadian context would shed light on how systemic factors and individual characteristics interact to contribute to helping women who have experienced homelessness become stably housed and fully reintegrated in their communities, and suggest directions for policy and intervention.

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Appendix A: Correlations Between
Variables in the Community Integration Model

	Housing Status	Time in Current Housing	Economic Integration	Work Stability	Engagement in Education	Participation in Full-Time Studies	Psychological Integration	Family Status	Mental Health Functioning	Perceived Social Support	Lifetime History of Homelessness	Access to Subsidized Housing	Employment History	Work Status at Time 1	Level of Education	Amount of Time Housed	Housing Quality	Neighboring
Housing Status	1	.431**	.222*	.151	.113	.115	-.098	.295**	-.055	-.060	-.115	.356**	.037	.108	.124	.721**	-.142	.020
Time in Current Housing	.431**	1	.148	.144	.090	.012	-.107	.386**	.121	.193	-.011	.316**	-.090	.076	.029	.598**	-.098	.156
Economic Integration	.222*	.148	1	.529**	.559**	.403**	.135	.268**	.236*	-.047	.015	.124	.155	.151	.069	.248*	.138	.106
Work Stability	.151	.144	.529**	1	-.001	.009	.069	.112	.142	.035	.052	-.034	.247*	.225*	.192	.218*	.037	.189
Engagement in Education	.113	.090	.559**	-.001	1	.610**	.210*	.088	.148	-.039	-.001	.187	-.126	.030	-.081	.092	.176	-.005
Participation in Full-Time Studies	.115	.012	.403**	.009	.610**	1	.113	.114	-.074	-.137	-.081	.166	-.044	.166	-.212*	.097	.102	.007
Psychological Integration	-.098	-.107	.135	.069	.210*	.113	1	.192	.217*	-.067	.062	-.049	-.009	.175	-.096	-.066	.417**	.389**
Family Status	.295**	.386**	.268**	.112	.088	.114	.192	1	.133	-.104	-.307**	.327**	-.098	.009	-.045	.371**	-.093	.242*
Mental Health Functioning	-.055	.121	.236*	.142	.148	-.074	.217*	.133	1	.213*	.127	-.016	-.017	-.042	.199*	.045	.139	.142
Perceived Social Support	-.060	.193	-.047	.035	-.039	-.137	-.067	-.104	.213*	1	.041	-.064	.014	-.129	-.077	.088	.111	.128
Lifetime History of Homelessness	-.115	-.011	.015	.052	-.001	-.081	.062	-.307**	.127	.041	1	-.029	-.061	.048	-.055	-.137	.165	.030
Access to Subsidized Housing	.356**	.316**	.124	-.034	.187	.166	-.049	.327**	-.016	-.064	-.029	1	-.076	-.081	-.060	.213*	.001	-.029
Employment History	.037	-.090	.155	.247*	-.126	-.044	-.009	-.098	-.017	.014	-.061	-.076	1	.102	.316**	-.046	.018	.142
Work Status at Time 1	.108	.076	.151	.225*	.030	.166	.175	.009	-.042	-.129	.048	-.081	.102	1	.068	.039	-.040	.219*
Level of Education	.124	.029	.069	.192	-.081	-.212*	-.096	-.045	.199*	-.077	-.055	-.060	.316**	.068	1	.130	-.105	-.010
Amount of Time Housed	.721**	.598**	.248*	.218*	.092	.097	-.066	.371**	.045	.088	-.137	.213*	-.046	.039	.130	1	-.045	.079
Housing Quality	-.142	-.098	.138	.037	.176	.102	.417**	-.093	.139	.111	.165	.001	.018	-.040	-.105	-.045	1	.258*
Neighboring	.020	.156	.106	.189	-.005	.007	.389**	.242*	.142	.128	.030	-.029	.142	.219*	-.010	.079	.258*	1

* Correlation is significant at the 0.05 level (2-tailed); ** Correlation is significant at the 0.01 level (2-tailed)

Appendix B: Social Support Questionnaire

The following questions ask about people in your environment who provide you with help or support. Each question has two parts. For the first part, list all of people you know, excluding yourself, whom you can count on for help or support in the manner described. Please give the person's initials and their relationship to you.

1. Whom can you really count on to listen to you when you need to talk? Please tell me the initials of the person and their relationship to you.

No one _____

i. _____ ii. _____ iii. _____

iv. _____ v. _____ vi. _____

- 1a. How satisfied are you with this level of support? *If respondent replied "No one" still rate the level of satisfaction.*

____ very satisfied ____ satisfied ____ somewhat satisfied
____ somewhat dissatisfied ____ dissatisfied ____ very dissatisfied

2. Whom could you really count on to help you out in a crisis situation, even though they would have to go out of their way to do so?

No one _____

i. _____ ii. _____ iii. _____

iv. _____ v. _____ vi. _____

- 2a. How satisfied are you with this level of support? *If respondent replied "No one" still rate the level of satisfaction.*

____ very satisfied ____ satisfied ____ somewhat satisfied
____ somewhat dissatisfied ____ dissatisfied ____ very dissatisfied

3. Whom can you really count on to be dependable when you need help?

No one _____

i. _____ ii. _____ iii. _____

iv. _____ v. _____ vi. _____

- 3a. How satisfied are you with this level of support? *If respondent replied "No one" still rate the level of satisfaction.*

____ very satisfied ____ satisfied ____ somewhat satisfied
____ somewhat dissatisfied ____ dissatisfied ____ very dissatisfied

4. With whom can you totally be yourself?

No one _____

i. _____ ii. _____ iii. _____

iv. _____ v. _____ vi. _____

4a. How satisfied are you with this level of support? *If respondent replied "No one" still rate the level of satisfaction.*

☐ very satisfied ☐ satisfied ☐ somewhat satisfied
☐ somewhat dissatisfied ☐ dissatisfied ☐ very dissatisfied

5. Whom can you count on to console you when you are very upset?

No one _____

i. _____ ii. _____ iii. _____

iv. _____ v. _____ vi. _____

5a. How satisfied are you with this level of support? *If respondent replied "No one" still rate the level of satisfaction.*

☐ very satisfied ☐ satisfied ☐ somewhat satisfied
☐ somewhat dissatisfied ☐ dissatisfied ☐ very dissatisfied

Appendix C: Housing and Income Timeline

HOUSING/INCOME-EMPLOYMENT HISTORY (PHASE I INTERVIEW)

(See interviewers' instructions for filling out this time line)

DATE	HOUSING						INCOME/EMPLOYMENT	
	Address and City	Living with?	Type of Housing (code)	Reason for Leaving	Homeless? (Y/N)	If Yes, What would have been helpful to keep you housed?	Income Sources and Amount	Employment. (job & sector)

(Table continued to cover 3-year period)

This question should be repeated for every period of unrecorded homelessness

Were you ever homeless (even for a day or two) for any other period that we have not already recorded? ____ Yes ____ No

If NO, skip to next

If YES, a. when was this _____

b. where was this _____

c. how long were you homeless? _____

HOUSING/INCOME-EMPLOYMENT HISTORY (PHASE II INTERVIEW)

SITE 1 (repeated for each site since previous interview):

a. Where did you move to? (address – or nearest intersection - and city)

b. Who were you living with?

c. What type of housing was it?

d. Did you consider yourself to be homeless at that time? Yes ____ No ____

e. What were your major sources of income while you were **at that address**? (*Also probe 'unconventional employment'*)

Financial Assistance

Dates: _____ Source _____ Amount per mth _____

Dates: _____ Source _____ Amount per mth _____

Employment

Dates: _____ Employment (job & sector) _____ Pay rate _____ Hrs. per mth _____

Dates: _____ Employment (job & sector) _____ Pay rate _____ Hrs. per mth _____

Other sources of income

Dates: _____ Source _____ Amount per mth _____

Dates: _____ Source _____ Amount per mth _____

f. When did you leave that place? _____ (day/month/year)

g. Why did you leave?

h. What would have been helpful to keep you there? (*only if respondent was housed*)

Appendix D: SF-36 Health Survey

(SF-36v2) These questions ask for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities.

1. In general, would you say your health is
 ___excellent ___very good ___good ___fair ___poor
2. Compared to one year ago, how would you rate your health in general now?
 ___ much better than one year ago
 ___ somewhat better than one year ago
 ___ about the same as one year ago
 ___ somewhat worse now than one year ago
 ___ much worse than one year ago
3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. <i>Vigorous Activities</i> , such as running, lifting heavy objects, participating in strenuous sports	___	___	___
b. <i>Moderate Activities</i> , such as moving a table	___	___	___
c. <i>Light Activities</i> , such as lifting or carrying a bag or purse	___	___	___
d. Climbing <i>several</i> flights of stairs	___	___	___
e. Climbing <i>one flight</i> of stairs	___	___	___
f. Bending, kneeling or stooping	___	___	___
g. Walking <i>more than a mile</i>	___	___	___
h. Walking <i>several hundred yards</i>	___	___	___
i. Walking <i>one hundred yards</i>	___	___	___
j. Bathing or dressing yourself	___	___	___

4. During the past 4 weeks, how much of the time have you had any of the following problems with your regular daily activities *as a result of your physical health*?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Cut down on the <i>amount of time you spent on</i> your daily activities	___	___	___	___	___

b. <i>Accomplished</i> less than you would like	___	___	___	___	___
c. Were limited in the <i>kind</i> of activities	___	___	___	___	___
d. Had <i>difficulty</i> performing activities (for example, it took extra effort)	___	___	___	___	___

5. During the past 4 weeks, how much of the time have you had any of the following problems with your regular daily activities *as a result of any emotional problems* (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Cut down on the <i>amount of time you spent on</i> your daily activities	___	___	___	___	___
b. <i>Accomplished</i> less than you would like	___	___	___	___	___
c. Did activities <i>less carefully than usual</i>	___	___	___	___	___

6. During the *past 4 weeks*, to what extent has your *physical health* or *emotional problems* interfered with your normal social activities with family, friends or groups?
 ___ not at all ___ slightly ___ moderately ___ quite a bit ___ extremely

7. How much *bodily* pain have you had during the past 4 weeks?
 ___ none ___ very mild ___ mild ___ moderate ___ severe ___ very severe

8. During the past 4 weeks, how much did pain interfere with your normal daily activities?
 ___ not at all ___ a little bit ___ moderately ___ quite a bit ___ extremely

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during *the past 4 weeks* ...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of life?	___	___	___	___	___
b. Have you been very nervous?	___	___	___	___	___
c. Have you felt so down in the dumps that nothing could cheer you up?	___	___	___	___	___

d. Have you felt calm and peaceful?	___	___	___	___	___
e. Did you have a lot of energy?	___	___	___	___	___
f. Have you felt downhearted and depressed?	___	___	___	___	___
g. Did you feel worn out?	___	___	___	___	___
h. Have you been happy?	___	___	___	___	___
i. Did you feel tired?	___	___	___	___	___

10. During the *past 4 weeks*, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

___ all of the time ___ most of the time ___ some of the time
 ___ a little of the time ___ none of the time

11. How TRUE or FALSE is *each* of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly False	Definitely false
a. I seem to get sick a little easier than other people	___	___	___	___	___
b. I am as healthy as anybody I know	___	___	___	___	___
c. I expect my health to get worse	___	___	___	___	___
d. My health is excellent	___	___	___	___	___

Appendix E: Housing Quality Scale

HOUSING QUALITY

Please read the following to participants (Now I'd like to ask you some questions about the place where you live NOW.) **USE CUE CARDS**

	Very bad	Bad	Somewhat bad	Neither Good Nor Bad	Somewhat good	Good	Very good
a. How would you rate (<i>current site name</i>) in terms of comfort?	1	2	3	4	5	6	7
b. How would you rate (<i>current site name</i>) in terms of safety?	1	2	3	4	5	6	7
c. How would you rate (<i>current site name</i>) in terms of spaciousness*?	1	2	3	4	5	6	7
d. How would you rate (<i>current site name</i>) in terms of privacy**?	1	2	3	4	5	6	7
e. How would rate (<i>current site name</i>) in terms of friendliness?	1	2	3	4	5	6	7
f. How would you rate (<i>current site name</i>) in terms of overall quality?	1	2	3	4	5	6	7

***Spaciousness:** Feeling like you have enough space to live comfortably.

****Privacy:** Feeling like you have your own space where you will not be disturbed by other people.

Appendix F: Neighboring Scale

Contact with Neighbours

7. An important aspect of neighbourhood life involves the contact that goes on between residents of a neighbourhood. In this next set of questions, I would like to find out how often you have had the following kinds of contact with your present neighbours. By neighbours, we mean people who live near where you are presently living but not with you.

Please indicate the frequency of your contact with neighbours according to the following scale. Please tell me the word that best describes how much you have of each kind of contact with your neighbours. **USE CUE CARD**

	Never	Rarely	Occasionally	Fairly Often	Frequently	DK	NA
a. How often have you said hello or waved to a neighbour when seeing them on the street?	1	2	3	4	5		
b. How often have you gone with a neighbour on a social outing such as shopping, to a movie, concert, or other similar kind of event?	1	2	3	4	5		
c. How often have you discussed neighbourhood issues and problems with a neighbour?	1	2	3	4	5		
d. How often has a neighbour invited you into their home for coffee, drinks, or other kind of socializing?	1	2	3	4	5		
e. How often have you assisted a neighbour with a household task such as a minor house repair, shovelling snow, mowing the lawn, or moving furniture?	1	2	3	4	5		

	Never	Rarely	Occasionally	Fairly Often	Frequently	DK	NA
f. How often have you talked with a neighbour about personal issues such as family concerns, work problems, or health?	1	2	3	4	5		
g. How often have you had a conversation with a neighbour when seeing them on the street?	1	2	3	4	5		
h. How often have you helped a neighbour by looking after their home while they were away and taking care of such things as watering plants, gathering mail, or feeding pets?	1	2	3	4	5		
i. How often have you borrowed things from a neighbour such as books, magazines, dishes, tools, recipes, or anything else?	1	2	3	4	5		
j. How often have you told a neighbour about your family doctor, dentist, or other professional services that you use?	1	2	3	4	5		

Appendix G: Psychological Sense of Community Scale

Next I want to ask you about your beliefs about the people who live in the neighbourhood and about the neighbourhood itself. By neighbourhood, we mean the surrounding area within normal walking distance of where you are currently living. By neighbours, we mean people who live near where you are presently living, but not with you. In these next items, I am interested in knowing how much you agree or disagree with the following statements when it comes to your neighbourhood and neighbours. Please use the following scale to respond to the items.

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. Compared to other neighbourhoods, I view this neighbourhood as a safe place for the people living in it	1	2	3	4	5
b. I like to think of myself as similar to the people who live in this neighbourhood	1	2	3	4	5
c. I think I agree with most people in this neighbourhood about what is important in life	1	2	3	4	5
d. If I had an emergency, even people I do not know in this neighbourhood would be willing to help	1	2	3	4	5
e. I plan to remain a resident of this neighbourhood for a number of years	1	2	3	4	5
f. If I needed advice about something I could go to someone in my neighbourhood	1	2	3	4	5
g. There are people in this neighbourhood who really care about me	1	2	3	4	5

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
h. There is a feeling in this neighbourhood that people should not get too friendly with each other	1	2	3	4	5
i. I think that “every person for himself” is a good description of how people act in this neighbourhood	1	2	3	4	5
j. If people in my neighbourhood were planning something, I’d think of it as something ‘we’ were doing rather than ‘they’ were doing	1	2	3	4	5
k. I would be willing to work together with others on something to improve my neighbourhood	1	2	3	4	5
l. If there was a serious problem in this neighbourhood, the people here could get together and solve it	1	2	3	4	5