

Final Report

“Getting back on my feet”

**Exploring Self-reliance in
the context of supported
accommodation and
homelessness**

Authored by

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for the

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EXECUTIVE SUMMARY

Background, aims and focus

This is the final report on research exploring self-reliance in the context of the people with experience of homelessness in Australia. The research focused on clients of the Supported Accommodation Assistance Program (SAAP) and was undertaken between October 2003 and July 2004. As discussed in Chapter 1, the proposed aims of this project were to:

- Explore the concept of self-reliance within the context of homelessness in Australia
- Develop a definition for self-reliance in the context of SAAP
- Document models and examples of good practice in building self-reliance in people who have experiences of homelessness
- Develop and test a survey instrument that measures self-reliance in SAAP clients.

The aims were informed by recognition that although the term self-reliance is commonly used within SAAP, it has not previously been defined within the program. At the same time, the concept is central to SAAP. Initial stages of this research included a selective review, exploration and summary of literature on self-reliance, both as a broad notion and specific to the area of homelessness. The Literature Review is provided as a separate, stand-alone document, and should be read in conjunction with this final report.

This final report presents and discusses:

- A conceptualisation of self-reliance validated by literature, focus group input and client identified descriptions of self-reliance
- A brief working definition of self-reliance
- The multi-method research methodology adopted for the design and testing of the interview guide for use with current SAAP clients
- An interview guide, tested with a sample population of SAAP clients in Western Australia and then refined by the research team
- Components of good practice models that promote self-reliance in SAAP clients
- Risks, limitations and possibilities requiring consideration when measuring self-reliance in the context of SAAP and homelessness
- Recommendations and areas for further research.

Risks and Limitations

Although many of the risks identified whilst undertaking this study were effectively resolved or managed, two areas remain to be noted as limitations in this research. It was initially proposed that testing of the interview guide would be undertaken in rural/regional/remote areas through use of electronic media (email, telephone or potentially videoconferencing) but that advice would be sought from the SAAP sector early in the study on the most viable strategies. The inappropriateness of telephone or email when 'testing' the interview guide was further reinforced by rural/regional/remote service providers during teleconferences. In response to this advice, the research team decided to visit two regional centres for the purpose of testing the interview guide by direct interviews. The second limitation arose from the research team's

decision not to interview Indigenous people or communities when testing the interview guide. Reasons for this are discussed in Chapter 5.

Methodology

A multi-method approach was employed so as to incorporate a number of strategies and ways of capturing information. Two key data capture opportunities existed. These were the initial consultations with SAAP service providers, followed by the interviewing of SAAP clients. The primary purpose in interviewing SAAP clients was to test the validity of the survey instrument/interview guide developed. A secondary purpose was to gain a small amount of data on people's progress on their pathways of self-reliance.

Chapter 2 details the methodological strategies for all four stages of the research, with selected key points summarised below. This exploratory research was undertaken in four stages:

- Engaging SAAP service providers
- Designing, piloting and testing the interview guide
- Data collection
- Analysis of data

Stage One – Engaging service providers

Service providers were identified by the research team as having important, contextually driven information that would inform and shape the direction and findings of the research by:

- Gaining provider perspectives on the term self-reliance
- Documenting service provider definitions of self-reliance
- Exploring the practices and processes that service providers employ to promote self-reliance
- Uncovering barriers in the achievement of self-reliance for clients and service providers
- Unearthing service providers' views on how best to assess client pathways of self-reliance
- Building and maintaining networks and professional relationships with the service providers as a way of securing the project team's access to SAAP clients for interviewing purposes
- Garnering support for the project as an important piece of research.

The consultations with the providers were undertaken either by focus group, in person interviews or teleconferences. A total of 32 agencies, in metropolitan as well as regional/rural/remote locations in Western Australia, participated in consultations. It was also noted that the success of the project would be highly contingent on the degree and type of involvement of service providers. At the outset a number of potential risks were identified by the research team and appropriate strategies identified and enacted. Research team members had solid and contemporary knowledge of the SAAP sector and extensive networks. These networks encapsulated academic, research and practitioner interests. It is our opinion that these networks provided a successful gateway to engaging service providers.

Stage Two – Interview guide design, piloting and testing

The literature review and focus group input emphasised that self-reliance could not be effectively conceptualised, or measured, via an empirically based survey instrument nor would progress towards self-reliance be linear. Preliminary research suggested that the varying experiences of SAAP clients could most effectively be captured by designing an interview guide that:

- Avoided a 'one-size-fits-all' definition of self-reliance
- Enabled multiple dimensions and components of self-reliance to be individually identified by participants and recorded in ways that enabled analysis of individual differences in progress towards self-reliance
- Incorporated opportunities for individual participants to communicate details of their individual context and needs
- Could be administered in a one-on-one interview with participants recruited via SAAP service providers.

A key task of this research was the design, testing and refinement of an interview guide for use in capturing client-identified progress towards self-reliance. Discussion of the background research informing design of the interview guide is provided in Chapter 2 below. Findings from testing the interview guide comprise Chapter 5 while recommendations are provided in Chapter 7.

Stage Three – Data collection

An interview guide was designed incorporating input gathered from stage one research. The interview guide was tested with 28 current SAAP clients. Of these 27 interviews were suitable for analysis. Participants were recruited from a variety of SAAP service types located in the Perth Metropolitan area and in regional areas. The validity of input gathered from interviews was maximised by a strategy of ensuring participants were fully informed of the purpose and nature of interviews, had given fully informed consent, were provided with clear explanations regarding confidentiality of interviews content and process and understood the purpose and focus of the research and the researchers role. Data collection methods are detailed in Chapter 2. Ethical approval was obtained from Curtin University Ethics Committee. Given the potential vulnerability of SAAP clients recruited as participants for interview, strategies to minimise risk to participants were enacted.

Stage Four – Analysis

Input from interviews was analysed using both quantitative and semantic/qualitative analysis. SPSS (Statistical Package for Social Sciences) was used, as appropriate, to analyse responses to several interview questions. In addition, Hierarchical Cluster Analysis of responses was also undertaken, identifying three distinct attributes that were being measured. The process of analysing data is described in Chapter 3 and findings from this analysis are discussed in Chapter 5. The interview also included open-ended questions designed to gather input on participants understandings of and experiences in relation to the process of become self-reliant. Responses were analysed using qualitative analysis techniques involving coding, sorting and categorising, followed by inductive and constant comparative analysis. Validity was further ensured by triangulation between different data sources and stages within the research process. Analysis of participant responses has been incorporated into the working and conceptual definitions of self-reliance reported in chapters 3 and 4.

The exploratory and emergent nature along with the foci areas of this research project indicated the need for a multi stage and somewhat complex set of methodological

approaches to be incorporated. This has provided a data collection tool that in the initial application and testing phase shows internal validity in measuring the dimensions and components of self-reliance (as explored in Chapter 5, Findings).

Conceptualising self-reliance

A key task of this research was to conceptualise and define self-reliance in the context of SAAP and homelessness. As discussed in Chapter 3, the research team concludes firstly, that self-reliance is definable within the context of SAAP and homelessness. Secondly, that self-reliance is most usefully:

- Defined by adopting both a working and a conceptual definition
- Described by a working definition of '**getting back on your feet**'
- Explained by describing an individual's pathway or journey towards self-reliance.

In defining and describing self-reliance, the research team has integrated terminology used by participants and within the SAAP sector to provide a client-identified terminology to describe 'getting back on my feet'. This terminology described self-reliance through the idea of a journey or pathway from a person's current situation to something different by:

- Achieving goals
- Changing the direction of their lives
- Restoring their lives to something previously experienced.

In conceptualising self-reliance as an individually described pathway, the research team further concludes that it is:

- *Multi-dimensional* comprising a number of *dimensions and components*
- Attained via a process whereby an individual moves from one position, status or situation to another over time
- Specific to each individual, so that the relevance of particular dimensions and components will vary from person to person.

Specific **dimensions** and **components** identified from this research to describe self-reliance are:

Affect

- Goals/visions
- Confidence/self-esteem
- Beliefs
- Acceptance of assistance
- Resilience

Control/security

- Personal safety
- Stability

Knowledge

- Life skills
- Problem solving abilities

Knowledge of resources and supports

Behaviour

Assuming responsibility

Coping behaviours

Substance use behaviours

Status

Stability

Resolution of structural barriers to independence/self-reliance

Availability, adequacy, accessibility of service and supports

Attitudes of officers/authorities/service providers

Relationships, connectedness and capacity

Establishing/restoring relationships

Resolving relationship issues

Stability

Accessing support networks

Connecting with broader social networks

The research team also makes the following observations:

- In the short term, resolution and stability may be components that are particularly significant in relation to more than one dimension, particularly status and relationships/connectedness/capacity.
- A further important aspect of resolution was identified during pilot testing by a service provider working predominantly with Indigenous Australians who emphasised the relevance of resolution within Indigenous People's family relationships as an important component of Indigenous People's pathways to self-reliance. The small sample population involved in this study precludes making any firm conclusions about the relevance of stability and resolution as components of self-reliance that may be more significant in the short term. In addition, Indigenous People were not interviewed for the testing stage of this study. The research team identifies these as areas for further research.

Validating the working and conceptual definition

The working and conceptual definitions of self-reliance outlined above were compared with definitions of conceptual policy terms developed in two other areas:

- World Health Organisation's definition of quality of life and
- The Recovery Paradigm perspective within the mental health field.

Additional considerations were also identified from a limited exploration of conceptualisations of homelessness emerging from recent Australian research. On the basis of these comparisons, the following principles (outlined in Chapter 4) are proposed to guide the process of conceptualising and mapping a person's pathways in relation to self-reliance:

- An individual needs to be able to identify the relative importance (to her/him) of each dimension so that the definition accurately reflects the individual's situation.

- Unless descriptions and definitions of self-reliance are personally relevant (client or person centred) they are unlikely to have 'accuracy and usefulness' because they are unlikely to measure anything relevant to the people involved.
- Any strategies used to assess or measure self-reliance must be culturally relevant.
- Any 'instrument' or interview guide for capturing a person's description of self-reliance must also be culturally relevant.

Findings from testing the interview guide

Chapter 5 presents a detailed discussion of results from testing of the interview guide with 27 participants and identified changes included in the revised interview guide (provided at Appendix 9). These findings confirm the dimensions and components of self-reliance outlined in Chapters 3 and 4.

The research team identified a number of recommendations relating to any further interviews within the SAAP sector, using the interview guide developed from this research. These recommendations were informed by researcher reflections on undertaking this research and are presented in Chapter 7. Given the complexity and high level needs often reflected among SAAP clients, it is recommended that any future interviews are highly skilled and familiar with the SAAP sector. The researcher's experiences highlight the importance of having interviewers who:

- Have experience of working with people with marginalised and possibly traumatic experiences
- Have advanced interpersonal skills
- Are committed to providing opportunities for the voice and experience of people who are disadvantaged to be made public.

The outcomes of interview strategies implemented during this study confirmed the relevance of service provider input to this study, namely that the feasibility of information gathering is dependent upon being able to establish rapport and trust with participants at the outset of any interviews. As part of ensuring the overall validity of input to this study, participant feedback was invited on their experience of being interviewed. As summarised in Chapter 6, participants responded positively both to the type of questions asked and the overall interview techniques used. Participant feedback informs recommendations detailed in Chapters 5 and 7.

A limitation identified within this study concerns the difficulties of undertaking consultations with service providers in remote, regional and rural areas. The research team was assertive and consistent in its attempts to engage SAAP service providers in the consultations. Factors identified as limiting involvement of the remote, regional and rural service providers are discussed in Chapter 5.

Related, but confined to engagement with remote/rural/regional participants, is the limited input obtained during this study from Indigenous communities or people. An important area for further research is appropriate exploration of self-reliance from Indigenous perspectives.

Good practice models

Aims of this research included documenting models and examples of good practice in building self-reliance in people who have experiences of homelessness. Research identified specific principles and practices that inform an understanding of good practice in building self-reliance.

Principles for the promotion of self-reliance in a good practice model focus on the *importance of trusting professional relationships between workers, agencies and clients*. The centrality of this principle cannot be underplayed and was the focus of many discussions in consultations. The professional relationship is seen as the container in which client goals can be articulated, achieved and reviewed. Similarly service providers argued that a solid professional relationship allows for accurate assessments of client situations to be undertaken.

Other principles of service delivery that directly related to the centrality of a professional relationship included:

- Clearly articulating agency expectations of clients (may be related to agency guidelines/rules, timeframe in which the client can expect services to be delivered, case management processes and practices).
- Creating opportunities for clients to articulate their expectations of service delivery. (This may be framed within goal setting or case management processes).
- Respectful responses and approaches to clients.

A second cluster of principles also emerged that relate to *client centred service delivery*. In essence these refer to assessing, and believing in, the client's capacity, existing strengths and skills. In effect this means walking alongside clients and seeing that their trajectory of change or self-reliance is multi-dimensional and, at times, discontinuous and non-linear.

A third set of principles concerned *underpinning assumptions, beliefs and understandings* necessary to facilitate people's progress in getting back on their feet:

- Recognition that the pathway to self-reliance is multi-dimensional, often discontinuous and contextually driven.
- Continued engagement with a service, through outreach support or return to a service is a positive sign of self-reliance.
- Self-reliance involves journeys of healing, recovery and learning.
- Within SAAP, dependence and self-reliance can be considered as separate and yet simultaneously related concepts. They are best understood as complex, multi-dimensional and context driven concepts.
- Long histories of institutionalisation can impact on a client's pathway to self-reliance.
- Slow, incremental progress towards self-reliance should not be seen as failure to achieve.

Alongside principles, a number of specific practices that promote self-reliance were also identified:

- Modelling appropriate behaviours and problem solving techniques.
- Challenging incongruence. (This generally concerned situations when clients set goals, yet made lifestyle choices that interfered with attainment of the goal).

- Reflecting on changes and behaviours. (It was noted that there are times when the SAAP agency is the major support in a person's life, therefore reflecting back to the client's changes and different behaviours is seen as an affirming and potentially challenging practice).
- Coaching. (Seen as related to all the above).
- Providing guidance or direction.
- Facilitating connections, reducing social isolation.
- Anger management skill development.
- Having clear boundaries between workers and clients.
- Using narrative and mapping techniques to assist clients to get a visual and verbal picture of their current situation and desired situation. It was suggested by an Indigenous service provider that this was a culturally appropriate way of working.
- Using assessment of the client's existing skills and knowledge as a basis for case management planning and intervention.

Principles and practices summarising good practice by SAAP services are included in Table 7-1 in Chapter 7.

Recommendations and further research

Specific recommendations arising from research, together with recommendations for further research are listed in Chapter 7.

In addition to specific recommendations, the research team makes an overall recommendation relating to exploration of self-reliance within SAAP. A large number of the participants in the study faced significant adversity leading up and prior to their engagement with the SAAP service, yet the majority were able to identify pathways of hope and vision for their future. This is often an under-reported factor in homelessness experiences. The researchers heard participants' stories of resilience, hope and self-reliance behaviours from people living within disrupted, unsafe or crisis experiences. The research team recommends that mapping individual client experiences in relation to self-reliance be undertaken in ways that can identify, recognise and validate people's ability to demonstrate self-reliant behaviours within complex situations.

We emphasise that mapping a person's progress in relation to self-reliance needs to capture and acknowledge what has been achieved and not focus solely on what remains to be achieved.

1 BACKGROUND TO EXPLORING SELF-RELIANCE IN THE CONTEXT OF SAAP & HOMELESSNESS

This is the final report on research exploring self-reliance in the context of the people with experience of homelessness in Australia. The research focused on clients of the Supported Accommodation Assistance Program (SAAP) and was undertaken between October 2003 and July 2004. The Australian Government Department of Family and Community Service (FaCS) on behalf of the SAAP IV National Coordination and Development Committee (CAD) commissioned the research. The project was managed by Australian Housing & Urban Research Institute (AHURI), National Office and undertaken by researchers from the AHURI WA Research Centre.¹

1.1 Rationale & Aims

The proposed aims of this project were to:

- Explore the concept of self-reliance within the context of homelessness in Australia
- Develop a definition for self-reliance in the context of SAAP
- Document models and examples of good practice in building self-reliance in people who have experiences of homelessness
- Develop and test a survey instrument that measures self-reliance in SAAP clients.

The aims were informed by recognition that although the term self-reliance is commonly used within SAAP, it has not previously been defined within the program. At the same time, the concept is central to SAAP.² The *Supported Accommodation Assistance Act 1994* described the overall aim of SAAP as:

Providing transitional supported accommodation and related support services, in order to help people who are homeless to achieve the maximum degree of self-reliance and independence

- The emphasis of this research was on conceptualizing and defining self-reliance in the context of SAAP and homelessness and the rigorous development of a survey instrument to describe self-reliance within the SAAP sector. The overall study was exploratory and has been undertaken in four stages, as discussed in Chapter 2.

A Literature Review explored and summarized literature on self-reliance, both as a broad notion and specific to the area of homelessness. Relevant models and examples of good practice were also documented. Initial research identified that self-reliance is not a concept that has been developed systematically in the academic literature and therefore existing scales and measurement tools lacked the focus, utility or application necessary for use in this study. Preliminary findings and issues that have informed the latter stages of this research were reported in a Progress Report (Kunnen, Lee & Martin, December 2003). The Literature Review component of this report is provided as a separate document (Kunnen, Lee & Martin, August 2004). This report *'Getting back on my feet'* follows on from and should be read in conjunction with the Literature Review.

¹ A second stage project is also proposed for the purpose of undertaking a limited longitudinal study of SAAP clients for the purposes of tracking and mapping their individual pathways towards self-reliance.

² The Literature Review (Kunnen, Lee & Martin 2004) provides a more comprehensive discussion of self-reliance within the SAAP program literature.

1.2 Literature Review & Progress Report

Based on the first stage of research (literature review, service provider focus group and preliminary analysis) the research team identified that a multi-dimensional definition of self-reliance would be most appropriate in the Australian homelessness and SAAP context. The research team identified emerging dimensions and components of a multi-dimensional definition of self-reliance that appeared relevant to SAAP clients. Finally, the report outlines risks and strategies specific to the context of this report and the SAAP area that should guide the development of a survey instrument aimed at measuring self-reliance.

Input from focus groups emphasized the difficulties of using a formal survey instrument and self-administered questionnaire if SAAP clients were to be recruited for interviews. In addition, preliminary analysis of literature and service provider input indicated that information gathering could usefully incorporate qualitative as well as quantitative input from respondents. Accordingly, the research team decided to use an interview guide, designed to be used in one-on-one interviews, rather than a self-administered questionnaire. The research team determined that an interview guide comprising open and closed ended questions was more appropriate than a self-administered survey style of information gathering.

1.3 Final Report

The final report focuses on the tasks undertaken to complete the second and third stages of the report, namely:

- Develop and test an interview guide for use with SAAP clients that could capture a client defined definition of self-reliance and report on the feasibility and viability of 'measuring' self-reliance within SAAP, taking into account risks and strategies identified during preliminary research.
- Drawing on all stages of the study, to conceptualise and define self-reliance relevant to SAAP clients
- Report on findings, conclusions and areas for further research.

This final report presents and discusses:

- A conceptualisation of self-reliance, validated by literature, focus group input and client identified descriptions of self-reliance
- A plain language, working definition of self-reliance
- The multi-method research methodology adopted for the design and testing of the interview guide for use with current SAAP clients
- An interview guide, tested with a sample population of SAAP clients in Western Australia and then refined by the research team
- Components of good practice models that promote self-reliance in SAAP clients
- Risks, limitations and possibilities requiring consideration when measuring self-reliance in the context of SAAP and homelessness
- Recommendations and areas for further research.

The researchers emphasised that the aim of interviewing SAAP clients was to inform the rigorous development and testing of the interview guide, rather than generating data about client pathways from the SAAP clients interviewed. Methods adopted for testing the interview guide are detailed in Chapter 2.

1.4 Risks & strategies

The research team encountered risks, summarized below, while undertaking this study. Some risks were identified by the research team at the outset, others arose during the enquiry. All required management during the research process and specific strategies were adopted at different stages of the research process.

1.4.1 Risks and strategies identified at the outset

Risks identified at the outset were associated with the research team's reliance on engagement and involvement with SAAP service providers as a key aspect of the methodology adopted. Risks identified as potentially impacting on the feasibility and viability of the research included:

- The willingness and extent of engagement by service providers
- The reliance by the project team on service providers to access SAAP clients to test the validity of the interview guide
- A potential apathy towards research viewed as 'not changing anything' for SAAP clients or service providers
- The degree to which the SAAP field is engaged in research and data collection (with the over-riding context being the SAAP IV evaluation occurring at the time, which implied extra research and data collection requirements of some service providers for a concentrated period of time).

Strategies employed to minimize these risks were:

- The Research Team communicated awareness of the risks to service providers participating in any aspect of this research and also acknowledged the relevance of concerns expressed by service providers. The research team maintained a process of respectful and open dialogue at all stages of the research, as described in Chapter 2.
- The definition of self-reliance and the interview guide/survey instrument were framed to reflect the multi-dimensional and contextual nature of self-reliance.

The interview guide was designed to collect or record information about:

- the actions, changes, resources or barriers that participants identified as impacting on their journey towards self-reliance; and
- the context of the lived experience of self-reliance so as to inform conceptual and working definitions of self-reliance.

1.4.2 Potential risks arising from vulnerability of SAAP clients interviewed

An area of risk arose from engaging participants who were currently SAAP clients as participants in interviews. These risks were exacerbated by the probable vulnerability of the research population:

- A significant proportion of SAAP clients have had experiences of trauma, uncertainty, abuse and marginalisation. Consequently, service providers were understandably cautious about exposing SAAP clients to insensitive research projects, processes and questions.
- The challenges of engaging SAAP clients was made more complex by the comparatively short timeframe available for organizing and completing interviews.

Strategies employed in recognizing the potential vulnerability of the SAAP client population were:

- The team took the view that the potential for re-traumatisation of research participants through involvement in the research was real and a risk that needed to be managed. Information about the purpose for recruiting participants in Stage Two and the research team's awareness of the potential risk and possible responses was communicated to service providers involved in the focus groups.
- Ethics approval to undertake research involving 'human subjects' was obtained through Curtin University's usual protocols for ethics approval. Interview participants were identified as a 'vulnerable group' and the research team was therefore required to satisfy Ethics Reviewers how risk to participants would be minimised and avoided.
- All questions included in the interview guide were scrutinized by the project team in terms of purpose of the question, intended outcome of the question and relevance to the topic.
- Prior to all interviews, interviewers negotiated with SAAP service providers to ensure that support was readily available if required for the participant.
- Preliminary dialogue with each participant acknowledged that some questions might be experienced as personal or intrusive. Interviewers emphasized that the interview could be paused, or stopped, at any point, without penalty to the participant. Participants were also advised they could choose not to answer any question.
- Confidentiality was discussed in detail and clarified with each participant at the commencement of each interview.
- Interviewers adopted a relaxed and open approach while simultaneously ensuring that information was fully explained in everyday language, including information about the availability of support both immediately after the interview and in the days following.

1.5 Limitations

Although many of the risks identified whilst undertaking this study were effectively resolved or managed, two areas remain to be noted as limitations in this research. It was initially proposed that testing of the interview guide would be undertaken in rural/regional/remote areas through use of electronic media (email, telephone or potentially video-conferencing) but that advice would be sought from the SAAP sector early in the study on the most viable strategies. Use of electronic media was initially proposed given the considerable costs and time associated with travel to rural/regional/remote Western Australia and the inevitable budget limitations. Advice received indicated that recent attempts to use email/video-conferencing for similar purposes had been unsuccessful. The inappropriateness of telephone or email when 'testing' the interview guide was further reinforced by rural/regional/remote service providers during teleconferences. In response to this advice, the research team decided to visit two *regional* centres for the purpose of testing the interview guide by direct interviews. Interviews were conducted in both regional centres with SAAP clients. The research team was, however, unable to recruit *remote and rural* SAAP clients for this project.

The second limitation arose from the research team's decision not to interview Indigenous people or communities when testing the interview guide. Reasons for this are discussed further in Chapters 2 and 6.

2 PROJECT METHODOLOGY & STAGES

This chapter details the range of methodological approaches and stages employed and include:

1. Engaging SAAP service providers
2. Designing, piloting and testing the interview guide
3. Data collection
4. Analysis of data.

The methodological approaches employed in this project were identified at an early stage as needing to incorporate a number of strategies and ways of capturing information. The project team noted that two key data capture opportunities existed. These were the initial consultations with SAAP service providers, followed by the interviewing of SAAP clients. The primary purpose in interviewing SAAP clients was to test the validity of the survey instrument/interview guide developed. A secondary, yet necessarily limited purpose was to gain a small amount of data on people's progress on their pathways of self-reliance. The reason for the deflated emphasis on people's pathways of self-reliance related to:

- Firstly, the need to test the validity of the survey instrument, before meaningful interpretations could be drawn from the sample
- Secondly, due to the size of the project, the anticipated sample size was 20 current SAAP clients. Findings from such a small sample size are not transferable or generalisable to the broader SAAP population. Rather, they provide some beginning points of conversation and a springboard for future research and testing.

Having made the above points, some useful, yet not necessarily generalisable, findings will be presented throughout this report, highlighting individual paths and experiences of self-reliance. These findings not only highlight individual experiences, they also indicate areas for further research into self-reliance in SAAP and testing of the interview guide.

Before proceeding to a discussion of the various stages involved in the project methodology, it is useful to consider the project team's journey in relation to the use of language used to describe the 'survey instrument'. In line with the project brief, the team aimed to craft a survey instrument that would capture and plot SAAP clients' lived experiences of self-reliance. Service providers told the project team in focus groups and consultations that an empirically based instrument that did not capture context would not be supported. This is discussed later in relation to designing and testing the interview guide. The sections that follow outline the various methodological approaches and stages employed in the project.

2.1 Stage One – Engaging service providers

Service provider feedback and engagement were noted as core elements of the methodology and project at the outset. Service providers were viewed by the research team as having important, contextually driven information that would inform and shape the direction and findings of the research. It was also noted that the success of the project would be highly contingent on the degree and type of involvement of service providers.

A number of foci areas were established for gaining feedback from SAAP service providers. These included:

- Gaining provider perspectives on the term 'self-reliance'
- Documenting service provider definitions of self-reliance
- Exploring the practices and processes that service providers employ to promote self-reliance
- Uncovering barriers in the achievement of self-reliance for clients and service providers
- Unearthing service provider's views on how best to assess client pathways of self-reliance
- Building and maintaining networks and professional relationships with the service providers as a way of securing the project team's access to SAAP clients for interviewing purposes
- Garnering support for the project as an important piece of research.

The consultations with the providers were undertaken either by focus group, in person interviews or teleconferences. A total of 32 agencies participated in consultations with the following sectors participating.

Metropolitan

- Women and Children's refuges (accommodation and external support)
- Youth (accommodation and external support)
- Family support services
- Male specific (both accommodation and in home support)
- Generic services

Rural, regional, remote

- Youth services (accommodation and external support)
- Family support services
- Safe houses
- Women and children's refuges
- Generic services

2.1.1 Landscaping the research environment

Project team members have extensive and varied experience in the SAAP sector. This experience led the team to be mindful and careful in its approach to the sector. This caution was based on the following knowledge:

- The SAAP sector has an extensive data collection framework in the National Data Collection. Anecdotally, it is reported that some SAAP workers experience data collection as an onerous process which can detract from client related activities and the amount of time spent directly with clients.
- This research took place at the same time as the SAAP IV National Evaluation, consequently some SAAP agencies were already engaged in other research, data collection and consultation, thereby limiting the service provider's capacity to engage in further research or consultation.

- A general wariness in the sector that whilst extensive research is undertaken, providers often feel that their contribution has not brought about the change they have advocated through their involvement in numerous consultations and research projects.

Countering these cautions and concerns were the project team's solid and contemporary knowledge of the SAAP sector, as well as their extensive networks within SAAP. These networks encapsulated academic, research and practitioner interests. It is our opinion that these networks provided a successful gateway to engaging the providers.

An example of this was evidenced by a conversation between one of the researchers and a SAAP manager with over 15 years' experience in this field. The Manager vigorously articulated with the researcher that they found the concept of self-reliance so problematic that it led them to believe that participating in a focus group was a waste of their time. Through the use of professional relationship and credibility, a useful conversation occurred with the SAAP Manager. This conversation validated the Manager's concerns, whilst also highlighting the importance of the Manager attending a focus group and articulating the concerns. This person attended and provided useful comments and input, which in turn stimulated other participants to examine the concept of self-reliance from a number of angles. The project team encouraged and valued the diversity of opinions around self-reliance.

Aside from having well-established networks with the SAAP sector, honest discussions about the demands on service provider time (particularly in relation to data collection and research projects) were initiated by the team. This occurred both at the point when agencies were invited to participate in the research, as well as at the time of contact. Whilst this strategy did not address the issue of time and resource demands, it did however communicate to service providers that the researchers were cognizant with their situations and did not want to add to these demands. Practically, metropolitan consultations were held in central locations that provided adequate parking, a comfortable environment and refreshments. All consultations (in person and by telephone) started promptly and ended at the stated time. These simple features were seen by the project team to be important, as they were one way of validating the pressures of service delivery and the need for service providers to carefully allocate their time to tasks other than those directly associated with clients.

2.1.2 Approaching metropolitan SAAP agencies

Western Australian SAAP peak bodies (Women's Refuge Group, Youth Affairs Council of WA and the Council to Homeless Persons WA) were approached by the team and asked for advice on the best way of contacting the service providers. In all instances, pre-existing professional relationships assisted this initial contact through familiarity and professional credibility. Peak bodies were helpful and co-operative and either mailed or emailed information regarding the focus groups on behalf of the research team. The project team offered to cover postage or any other costs incurred, with all peak body groups adding the information to existing mail-outs or email lists and covering the costs. Information sheets were prepared by the research team and distributed to SAAP agencies (see Appendix 1). In two instances, the peak bodies allowed their premises to be used for the meetings, and in one case the focus group formed part of the monthly peak body meeting.

2.1.3 Approaching rural, regional and remote SAAP service providers

The professional networks held between the research team and rural, regional and remote SAAP service providers were not as extensive as those held in the metropolitan area. This led the research team to be attentive to carefully explaining

the project, attempting to build rapport, discussing the team's experience in the SAAP area and generally trying to find ways of connecting with the providers. This worked satisfactorily in some cases, particularly when agencies were aware of the SAAP agencies that researchers had worked at in the past. However, in the case of agencies in remote locations, this was a useful strategy, but not necessarily successful. (Further reflection on this point informs recommendations in Chapter 7).

The state administrators of SAAP, the Department for Community Development, willingly provided lists of rural, regional and remote SAAP funded services. (Again, researcher's contacts with co-operative and helpful personnel in this Department facilitated easy access to contact details for these agencies). Four areas were chosen for participation by the project team and they included the Kimberley, Murchison, Goldfields and combined Great Southern and South West regions. Telephone contact was initiated with all SAAP services in these areas. The Great Southern and South West areas were combined for efficiency and the number of agencies contained in the areas. This initial contact introduced the project, explained the project team's experience in SAAP, the purpose of the research and the team's belief in the importance of service provider feedback. SAAP agencies were then invited to participate in a scheduled teleconference. Of the 31 agencies invited to participate two declined to participate. These agencies were not pressed for the reasons they were declining. Rather, a respectful approach of the provider's right to refuse was taken.

A small number of agencies identified that they would consult amongst their teams and get back to the researchers with their decision about participating. The project team followed up with a telephone call, email or fax to all agencies (other than the two that declined) the next day, confirming participation and the teleconference details. The project team anticipated from the responses received that approximately 20 agencies would be participating.

Further follow up occurred over the next few days with agencies advising they were having email and/or fax problems (reported by service providers as a common problem for rural, remote and regional areas). Information was provided in alternative forms, ensuring that participants were resourced with adequate background information about the project. In addition, the team sent the questions they would be asking in the teleconference, allowing participants to be prepared (see Appendix 3).

The first teleconference held was with the combined Great Southern and South Western regions. Five of the six agencies invited to participate joined the teleconference at some stage. Unfortunately two providers joined at the 30 and 40 minute mark of the teleconference, which jarred the flow of conversation that was underway. This also led to some misunderstandings on the provider's part needing to be clarified halfway through the teleconference. This consultation lasted for 60 minutes and all questions were addressed.

An error in the contact information for the Kimberley region led to some delays and confusion in inviting the service providers to join this teleconference. The research team managed to obtain contact details for these agencies on the day the teleconference was scheduled and apologized for ringing at such short notice. The team moved the time forward to allow these agencies to participate, as they were involved in a national teleconference at the same time. Contact was made with all other Kimberley services and they were advised of the time change. Services again agreed to participate.

The Kimberley teleconference had two of the eleven SAAP agencies participate. Useful information was obtained from these agencies, with particular reference to Aboriginal and Indigenous concepts of self-reliance. Telephone, email and fax follow-

up occurred with two other Indigenous communities who had expressed a strong desire to be involved and a telephone consultation was set up for this to occur, however one agency did not respond to messages from the researchers. Another agency representative dedicated over an hour to a telephone conversation to discuss the issues in relation to self-reliance for their remote community. This information confirmed the researchers' experiences and views as well as those from other Indigenous agencies in relation to the problems associated with conceptualizing, measuring and defining self-reliance in Indigenous contexts. This will be explored in Chapter 5.

Another teleconference was scheduled for the Murchison region with six providers. As no service providers joined the conference, those who had indicated a definite attendance were contacted. However, the one service that the researchers were able to contact directly advised that agency business did not permit them to engage in a teleconference. They agreed to have the questions emailed and respond accordingly. Emails were sent to all other service providers in this region, inviting them to provide responses to the questions. One other service recontacted later in the day apologising for not joining the conference, citing agency business being more pressing than the research project. This was validated and the agency was encouraged to participate via email or if need be contact a member of the project team to discuss the questions at a time more convenient for them. In summary, no responses were received from the Murchison area.

The final teleconference in the Goldfields attracted two of the six SAAP agencies in the area. As with the Kimberley, rich and stimulating information was obtained from the consultation, with particular reference to working with Aboriginal and Indigenous people. The women's refuge in this area was keen to participate, but noted the demands of service delivery precluded their involvement.

2.1.4 Harnessing support for the project

At the completion of metropolitan focus groups, service providers were requested to complete a form provided by the research team which indicated the extent and type of involvement they were willing to have with the project (see Appendix 4). The form indicated a stratum of project involvement ranging from receiving email updates through to assisting the project team in the recruitment of SAAP clients to be interviewed. The following table highlights the involvement levels elected by service providers. (Note: a provider could elect more than one level of involvement).

Table 2-1: Service providers' involvement levels

Type of involvement	Number of agencies
Receiving regular email updates	18
Providing comment on the focus group findings	14
Forming a consultative group	13
Assisting in recruiting SAAP clients to participate in the current research	13
Participating in project 2 (longitudinal interviewing of clients leaving SAAP agencies)	14

Rural, regional and remote agencies were not requested to identify further involvement, as at that stage the project team did not plan to interview SAAP clients in these locations. However, after analysis of consultation data, it was identified by the project team that significant benefit would be achieved by meeting with SAAP clients

in two regional centres, in particular one of these centres serviced clients from remote communities on a regular basis. The primary rationale for extending recruitment of SAAP clients to these two regional centres was to provide a mixture of responses, geographical locations and experiences to the final data set.

Findings from the focus group and teleconference consultations are detailed in Chapter 3.

2.2 Stage Two – Interview guide design, piloting and testing

As mentioned earlier in this chapter, the terminology used to accurately reflect the interview guide changed throughout the course of the research. As a result of service provider feedback, it became apparent that an empirically based survey instrument that measured linear progress towards self-reliance would not fit the project or the SAAP sector in a number of ways. These are listed below:

- Service providers noted that they would not support ‘measurement’ without inclusion of the context of people’s experiences of homelessness, their attempts to get back on their feet and setbacks or barriers to facilitating this process.
- The variety of experiences of SAAP clients were highlighted as needing to somehow be captured. For example, the experiences of women with children escaping domestic and family violence were contrasted against single older people with long standing mental health and substance use issues as indicative of the complexity and variance in experiences.
- A mixed method approach was advocated by a number of service providers. Providers suggested including ‘pre and post testing’ of SAAP clients to determine changes and achievements (this was also seen as a way of reinforcing client achievements) and/or some measurement of change. This highlighted to the research team the need to consider if an instrument or guide could also be utilized for case management functions by service providers. This issue will be discussed in later sections of this report under recommendations and discussion.
- The method of administration of the interview guide/survey instrument was also considered cautiously by service providers. Some service providers suggested that they would be best placed to administer the tool, given their relationship with clients and capacity to elicit accurate information. Other service providers noted the importance of ensuring that researchers take the time to build rapport and engagement with research participants, thereby ensuring that accurate, contextual information was provided for research purposes. The project team believes that advantages and disadvantages of both approaches exist and these will be discussed in later stages of this report under recommendations and discussions for further research.

2.2.1 Designing the interview guide

The project team incorporated a number of areas of information that influenced and shaped the design of the interview guide. These include the initial literature review, consultations with the project Steering Committee, consultations with service providers and information obtained from SAAP clients retrospective to their interview with the research team.

2.2.2 Literature influencing interview design

There is scant information available on the concept of self-reliance as it relates to experiences of homelessness within Australia and internationally. There is an abundance of information available on self-reliance generally, but the relevance to

homelessness is questionable in many areas. This relates to the specific, complex and vast range of areas that comprise an individual or family's experience of homelessness. Issues about pathways and causal factors are related to this discussion. As mentioned earlier, the context and experience of homelessness varies considerably in the Australian setting, no doubt shaped by service availability, predicating structural factors as well as the social policy context of human services. Having stated the limitations of the literature reviewed in terms of its relevance for this research project, a number of key texts and pieces of research helped shape the research team's discernment about the shape and texture of the interview guide.

A clear finding from the literature review was that it is unrealistic to assume a 'one-size-fits-all' definition of self-reliance in the context of homelessness. In particular, the issue of self-reliance amongst people with high levels of support needs is complex and problematic. Mental illness, problematic substance use or disabilities are some of the factors that can impact upon the ability of an individual to become self-reliant. Bisset *et al* (1999) developed a four level typology of need amongst homeless people, the highest level of which involves multiple intensive needs which compromise the ability to meet basic needs. The authors suggest that complex needs manifest themselves around one or more of the following behavioural clusters:

- Radical lack of living skills
- Disruptive behaviour
- Radical lack of social networks
- Violence to self
- Excessive demands (Bisset *et al* 1999, p 53)

Bisset *et al*'s work (1999) confirmed the practical experience of the researchers in the SAAP field, as well as information obtained from service providers (detailed below). In short, this work sounded a warning to the research team when developing the interview guide. The warning reinforced the importance of creating opportunities within the interview guide for participants to paint the picture of their context, including complex and high level needs. This confirmed that a closed item survey instrument would not accurately capture this context.

Work conducted by Browton (2001), for the West Australian Department for Community Development (at the time of the commissioning of the research, known as Family and Children's Services), was the closest match in terms of subject relevance for this research project. There are identifiable gaps in terms of applicability and transferability of Browton's work and findings; however his work provided an excellent starting point in many areas of this research project. Browton (2001, p 8) argues that self-reliance is often defined in terms of a person's:

- Connections with community (including social networks, supports and access to required resources)
- Level of independence
- Knowledge and skills (usually in relation to services, supports and resources available)
- Self-management and regulation in relation to "cultural" expectations (it is unclear from the work if this also relates to community and societal expectations).
- Personality dimensions
- Psychological health and functioning
- Self esteem levels
- Problem solving and coping skills
- Capacity to persevere in the face of adversity
- Insight (psychological)

- Willpower
- Knowledge about the issue or problem being faced
- Belief in own self efficacy
- Avoidance strategies
- Motivation to address the issue or problem
- The capacity to adapt to change (including the skills required in this adaptation process).

Browton argues that many of the above features of self-reliance do not apply to people experiencing crisis situations or statutory client status. Through a series of focus groups and other forms of data collection and analysis, Browton devised 10 dimensions of the self-reliance construct. The following table highlights Browton's (2001, p 25) dimensions and associated descriptions. In addition, the questions contained in the interview guide/survey instrument that relate to Browton's dimensions are included in the far right column.

Table 2-2: Browton's dimensions and associated descriptions

Dimension	Description	Related Questions in interview guide
Attitude	The degree to which one feels responsible for the things that happen to them	22u, 22p, 22r, 22s
Competence	The ability to demonstrate to others that a skill can be performed successfully	22. Note: this project did not have a focus on measurement of individual skill and competence
Economic Management	The ability to access and manage the necessary resources to meet basic daily needs	18b, 18d, 18i, 18j, 22c, 22o
Knowledge and skills base	Access to information about how to deal with things that are currently occurring in one's life	18r, 18s, 18t, 18u, 18v, 18y, 18z, 18a1, 18a2, 18a3, 22c, 22d, 22y
Links to people	The ability to form and sustain positive and supportive relationships	14, 15, 18v, 18w, 18x, 19, 20, 22a, 22b, 22d, 22e, 22g, 22t
Perseverance	The motivation to continue trying after failure problems	22p, 22r, 22s, 22u, 22v, 22a7, 22a8
Problem solving ability	The ability to find solutions to problems by utilising available resources	9, 11,12,13, 17, 18a6, 22e, 22h, 22j, 22u, 22w, 22a6, 22a7
Resilience	The ability to cope in times of crisis	22n, 22d, 22a7
Self efficacy	The belief that one' own actions will have an actual effect on the situation	22s, 22v, 22a7, 22a9
Self esteem	The feeling one has about one's self	18a9, 22y

The major omissions in Browton's work as it relates to this research project are areas such as housing, health, disability/ability, employment, training and economic opportunities. The project team categorised these as structural or status factors (these categories are further explored in following chapters). These areas have specific

relevance for SAAP clients and are often common underpinning experiences in homelessness. Browton's domains have a focus on the individual (skill, knowledge, capacity), with minimal focus on community, structural, status and external issues (such as those mentioned above). The project team believes this is a significant limitation of Browton's work, and sought to incorporate a balanced approach to the conceptualisation of self-reliance through the interview guide.

The project team considered these domains carefully and used them as prompts and points of discussion with service providers. The primary purpose for this action was to test service provider reactions, comments and assumptions about the applicability of the domains. The service provider feedback on these domains and other areas will be covered in the following chapter.

The SAAP and Australian homelessness program literature was another important source of influence for the project team in the design of the interview guide. This literature includes:

- The Supported Accommodation Assistance Act (1994)
- The SAAP Memorandum of Understanding & The National Strategic Plan (2000-2005)
- The SAAP Annual National Performance Report (2001-02)
- Working Towards a National Homelessness Strategy (CACH, 2001)
- SAAP National Data Collection

Unlike Browton's work, direct correlations between the questions included in the interview guide and the SAAP/homelessness literature are not as obvious. However, this material influenced the team and confirmed our views on the importance of including questions about:

- People's utilisation patterns of SAAP and homelessness services (questions 1, 2, 3, 4, 5).
- A person's perceived experiences of SAAP services (questions 7, 8, 9, 13, 14, 15, 16, 19, 20, 21).
- Presenting reasons (question 6).
- People's expectations about engagement with SAAP services post exit (questions 19, 20, 21).
- The importance of factors such as employment, vocational activities, income, housing, use of English language, culture, transport, disability, substance use, linkages, resource knowledge and access, health, children and personal safety.

In relation to the SAAP National Data Collection, a number of existing items were incorporated into the interview guide for analysis purposes by the project team (For example, questions 1, 3, 6, 16, 23)

The Household, Income and Labour Dynamics in Australia (or HILDA) Survey is a household-based survey examining a broad range of areas of life for individuals and families. The survey instruments used in HILDA were reviewed from the following perspectives:

- Inclusion of factors like employment, income, self-perception and other functional areas.
- Scales used

- The wording of questions
- As a form of validation of the items being used in the interview guide/survey instrument.

2.2.3 *Service provider influence in the interview design*

The focus of service provider consultations and focus groups has been detailed in earlier sections of this chapter. Running through all conversations with services was a focus on definitions of self-reliance and items that could be included in the interview guide. Some specific questions were asked of service providers about what they thought constituted self-reliance. In some focus groups/teleconferences, service providers led conversations about the survey instrument and provided specific and direct advice on inclusions.

The second area of influence that service providers had was in the piloting of the instrument with five agencies. The agencies were chosen based on their stated willingness to be involved in the project, as well as representation of a spread of SAAP agencies. A men's accommodation service was approached on a number of occasions to be involved in the piloting stage, but this did not eventuate, despite assertive follow up from the project team. Agencies involved in pilot interviews were from the following SAAP areas:

- Women and children's refuge
- Youth external and internal support services
- A youth internally supported agency
- Family internal and external support services

As a result of the piloting process, feedback was provided related to the following:

- The order of the questions.
- The potential for some questions to emotionally trigger or disturb participants.
- Concern that the interview guide, whilst appropriate to the task may not produce 'outcomes' for SAAP clients.
- The importance of clarifying and using the terminology that participants preferred when describing self-reliance or 'getting back on your feet'.
- The difficulty in gaining a full picture of complex client situations through the use of an interview guide.
- The potential for SAAP clients to report that 'life is worse' since coming to SAAP (particularly in the early stages of engagement with a service).
- The importance of the interviewer building rapport with the participant.
- A questioning of the relevance of all questions to all participants.
- The length of the interview.

This feedback from the piloting of the interview guide was taken on by the research team, with modifications to the guide and approach being incorporated where appropriate.

2.2.4 Steering Committee influence in the interview design

The project Steering Committee was consulted regarding the design of the interview guide, including the mixed method approach employed. Feedback was received and where appropriate incorporated into the design and process of testing the interview guide.

2.2.5 SAAP client influence in the interview design

The SAAP clients that participated in the interviews were asked five questions on completion of the interview about their experience of the interview. These questions related to:

- The experience of the interview.
- The relevance of the questions in assessing people's pathway in getting back on their feet.
- Areas not covered.
- Whether participants experienced the interview as invasive or intrusive.
- Anything else that would help the research team improve the interview.

Research participants had been alerted to these questions in the beginning of the interviews and in general responded with helpful feedback. The feedback from participants is included in Chapter 5, Findings.

2.2.6 Recruitment and testing

Ethical issues and approval

Ethical approval was sought and obtained from Curtin University's Ethics Committee for the research project. The project team were mindful of the potentially sensitive impact of the questions in the interview as well as the range of issues that many people who have experienced homelessness may have been exposed to. The team took the view that the potential for re-traumatisation of research participants through involvement in the research was real and a risk that needed to be managed. In line with this, all questions asked of participants were scrutinised by the project team in terms of purpose of the question, intended outcome of the question and relevance to the topic.

2.2.7 Recruitment strategies

The process of recruiting participants involved:

1. Telephone contact with SAAP agencies that had agreed to link the research team to potential research participants. Further sampling strategies were not applied to those agencies who had indicated willingness to support the project.
2. Once willingness to be involved in recruiting research participants was confirmed, information on this stage of the project was emailed, faxed or mailed. (See Appendix 5)
3. Telephoning or emailing the agencies within a week to ascertain if the agency was able to link the researchers up with participants. When this was possible, times were established for the researchers to visit the SAAP clients.
4. In some cases, SAAP clients requested that the researchers contact them directly to organise a time to meet for the interview. (A range of contact methods were employed including phone and mobile phone SMS, as requested by the participant.)

2.2.8 Sample group

A total of 28 current SAAP clients participated in interviews. Of these, 27 interviews were suitable for use in analysis. The one interview not included was terminated prematurely by the researcher due to the assessed state of intoxication of the participant. Of the 28 people involved in the sample, their profile indicates:

Table 2-1: Participant profiles

<i>Type</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
Person without children (under 25)	3	9	12
Person with children (under 25)	4		4
Person with children (over 25)	6	1	7
Person without children (over 25)	1	4	4
	14	14	28

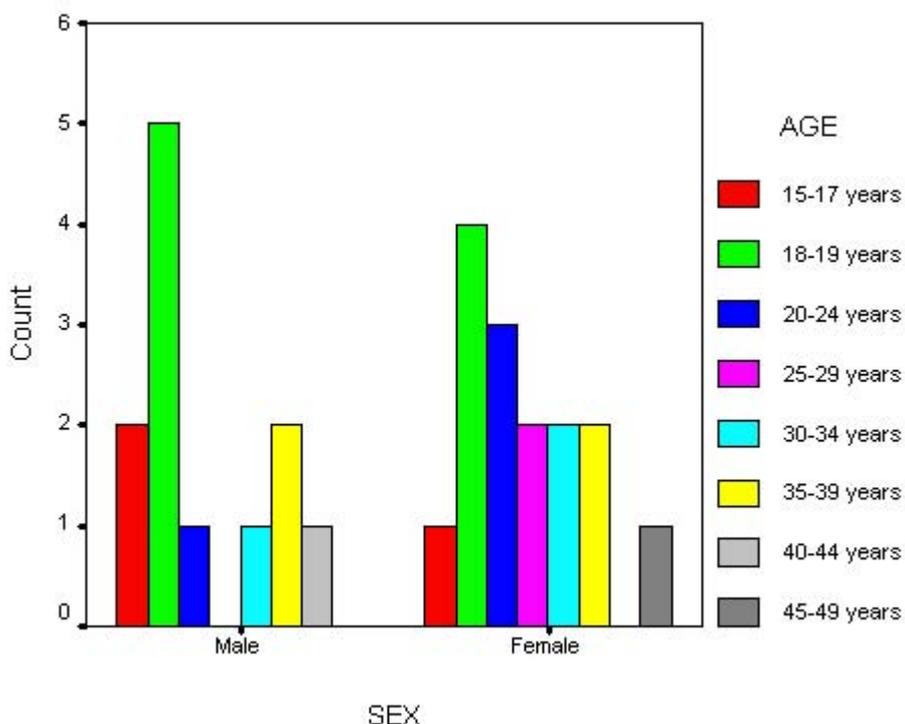
Participants were drawn from the following agency types and locations:

Table 2-2: Agency profiles

<i>Agency type</i>	<i>Location</i>	<i>Number</i>
Youth internally supported	Metro/Regional	9
Youth externally supported	Metro/Regional	6
Women and children's internally supported	Metro/Regional	4
Women and children's externally supported	Metro	4
Day Centre	Metro	3
Family externally supported	Metro	1
General external support	Regional	1
		28

11 of the 28 participants were drawn from two regional areas in Western Australia.

Figure 2-1: The age and gender of participants indicated:



2.2.9 Introducing the research and gaining informed consent

Given the feedback received from service providers on the intricacies of research with the population group, coupled with the researchers experience in the homelessness and housing field, approaches to potential participants were considered carefully. In particular, the need to build rapport and engagement with participants was considered essential by the research team and certainly confirmed by SAAP service providers. Upon meeting participants, the researchers introduced themselves, their experience in the SAAP field and their interest in and commitment to the research project. Participants were asked what they understood of the research project, and from there researchers 'filled in the gaps' in knowledge and understanding. This in itself was an interesting exercise, reflected upon in Chapters 5 and 6.

The researchers took time in explaining not only the project, but also what it meant to provide informed consent, including the right to withdraw from the study at any time. Researchers were mindful of the marginalised experiences of many of the participants and endeavoured to provide real opportunities for participants to exercise their right to participate or withdraw. In some interviews, researchers used direct language in relation to this issue, with comments like:

You have the right to withdraw from this interview or research at any time. You do not have to feel like you must complete it if you do not want to. For example, you might just walk out of this room and that will be okay. You don't have to feel like you have to explain yourself if that is what you want to do.

Whilst this may appear to exaggerate the importance of gaining informed consent and ensuring that participants felt that they could withdraw if they wished, the project team felt that this level of articulation of people's rights was important and ensured accurately obtained informed consent. This point was also emphasised by service provider piloting and recruitment phases of the project.

The issue of confidentiality was discussed in detail with participants, with practical examples being provided of what would and would not be used in the final reporting of the project. In particular, it was stressed that identifying information or profiles of participants would not be included in the final report. One participant responded by explicitly requesting the researcher include his story to further program manager's understandings of experiences of homelessness. This request was validated, with stringent measures applied to protect the confidentiality of this person. (This participant's profile is included in Terry's case study, Chapter 1.)

Once informed consent had been obtained, researchers proceeded to discuss the issue of language with participants, identifying the best description of self-reliance for the person. One person in the sample elected to use the term self-reliance.

Self-reliance is an honest term, it fits my situation. (rm04)

A discussion of the terms and the implications of these will be covered in the next chapter. Whatever term the participant chose was then used by researchers throughout the interview (the interview guide prompted the researcher to use the participant's language at a number of points).

2.3 Stage three – Data collection

Interviews were completed utilising the interview guide (Appendix 7). Interviews were undertaken over an average of one hour. In some cases the interviews were undertaken in a shorter time frame and, in a small number of instances, the interviews extended beyond one hour. Participants were invited to have a copy of the interview guide in front of them during all or parts of the interview. The scaling questions such as 18 and 22 indicated the importance of the participant having the interview guide in front of them. It was not assumed by researchers that participants were literate, so people were invited to read the guide or simply be asked the questions.

Researchers recorded answers to questions at the time directly onto the interview guides. Codes were allocated to all participants. Interview cover sheets containing the participant's name and contact details were forwarded to the project coordinator upon completion of the interview. They were then secured separately to the completed interview forms. All material was secured to maximise confidentiality and privacy for participants. In recording participant's responses to questions, researchers endeavoured to capture the verbatim statement from the participant.

Interviewing of seven participants in one regional centre was undertaken utilising a focus group format. This format was recommended by the SAAP agency that connected the researcher to the participants. The interview guide was used, with each person receiving a code number and their responses written with their identifying code included.

2.4 Stage four – Analysis

Two primary methods of analysis and interpretation were employed by the research team. This is in line with the mixed methodological approach employed in the project. As Anfara et al (2002, p28) assert, analysis and interpretation of qualitative data is primarily a 'private' act. This means that coding, categorisation, theme development and theorising about what is happening within data is often not clearly accounted for by revealing the triangulation and validation exercises employed. This can lead to claims that some qualitative research lacks rigour. The project team chose a mixed methodological approach with the above views in mind, as well as the following:

- The project team's commitment to develop a data collection instrument/guide that would not only measure self-reliance, but that would also unravel some of the complexities that the literature, service providers and program managers identify as existing in the SAAP field.
- The team also wanted to develop an instrument that would lead to simplified data collection, analysis and presentation of findings. Clearly, the simplest and easiest method would be a survey instrument with closed and scaling items that invite collation and analysis using statistical methods. However, this approach does not capture the context of SAAP client's lives (as mentioned above).
- The project team's belief that the findings from mixed methodological approaches could potentially inter-validate items and conceptual understandings emergent from the research. (Examples of this will be explored in the Findings chapter).

2.4.1 Quantitative analysis

The data from items eliciting numerical (both categorical and ordinal) responses were collated utilising the SPSS (Statistical Package for Social Sciences) system. As a result, descriptive statistics were calculated and tabulated. This data has limited use, given the focus of this part of the research was to test the instrument, rather than produce generalisable findings.

Secondly, data from those items in the interview guide that included a three point Likert scale were analysed using SPSS. The small size of the sample necessitated an application of a non parametric technique to explore the data. The technique applied was a Hierarchical Cluster Analysis. This analysis showed three groupings of items that were internally consistent within each group. There were marked differences across the groups, with statistically significant ($p < 0.01$) differences between the data from the three groups. As a result of these negative correlations, the conclusion drawn was that three distinct attributes were being measured by each data group. This quantitative analysis indicated that further semantic and qualitative analysis needed to occur to understand the differences across the data groups. The findings from this level of analysis will be explored in Chapter 5.

2.4.2 Semantic and Qualitative analysis

From the Hierarchical Cluster Analysis, semantic and inductive analysis was undertaken of the 3 cluster groups. The foci of the analysis included:

- Determining the frequency and type of responses to the items within each cluster. For example, in cluster group 1, question 22c (*I am able to manage my money to meet most of my needs*), had scaling responses of *rarely*, *sometimes*, *often*. Analysis examined how often the responses to the frequency of particular points on the scale were chosen by participants.
- Establishing and testing the relationship between the items in each cluster. For example, in cluster group 2, questions 22v (*I feel like I can get back on my feet*) and 22w (*The way I handle problems is better than 12 months ago*), were examined in terms of their relationship to each other and to the overall theme being measured validly in the cluster.
- Assessing the relevance of the items, specifically in terms of the fit with the other items and the overall theme of the specific cluster.
- Identifying if the intent behind the items were being measured (i.e. assessment of the type and amount of support people need to achieve self-reliance).

Emergent hypotheses about what was being measured validly by the cluster groups were then triangulated with:

- Literature
- Service Provider feedback
- Participant feedback
- Steering Committee feedback
- The emergent conceptual framing of self-reliance

The findings from this triangulation process are captured in Chapters 3, 4 and 5.

Analysis was also undertaken of the open ended, qualitative questions. As many authors have asserted (Ely, Vinz, Downing, Anzul, 1997, Darlington & Scott, 2002 & Patton, 2002) methods of qualitative analysis are by nature eclectic and composite in their application. A composite of approaches were employed in this part of data analysis. These include:

- Inductive analysis, identified by Patton (2002, p41) as an *Immersion in the details and specifics of the data to discover important patterns, themes and interrelationships...*
- Emergent design and analysis, identified by Ely et al (1997, pp 165-166) as a process of working closely with data, stepping back from it and observing categories and codes to emerge.
- Grounded theory approaches, which provided a structured process for approaching data and making sense of it, to end up with a 'grounded' theory about the phenomenon being researched. Within this project, elements of grounded theory approaches have been incorporated, such as open coding and the constant comparative method of approaching and understanding data. (Strauss & Corbin, 1990)

Specifically, the following applications of data analysis have been used in this study:

- Coding and sorting according to concepts that occurred regularly or those that stood out as being different to other concepts and data.
- Categories were used to cluster concepts.
- Saturating categories involved sitting with emergent categories and asking questions like
 - What else fits with this category?
 - What does not fit this category (for example is there a concept that has been included, but the fit with other concepts in the category is awkward)?
 - Is there something that needs to be excluded in this category?
- Comparing the concepts and categories across and between categories.
- Determining and testing the relationships between categories.
- Considering the categories in the context of people's experiences of getting back on their feet.
- Comparing the categories with emergent understandings of the definition and concept of self-reliance.
- Constantly seeking similarities and variations in the data.
- The constant comparative method required the researchers to be:
 - Immersed in the data

- Open to surprises and unanticipated outcomes in the data.

The findings from the range of levels of analysis will be explored in the chapter entitled Interview Results.

2.5 Summary

The exploratory and emergent nature along with the foci areas of this research project indicated the need for a multi stage and somewhat complex set of methodological approaches to be incorporated. The study has incorporated a mixed methodological approach to meet project objectives. This has provided a data collection tool that in the initial application and testing phase shows internal validity in measuring the dimensions and components of self-reliance. This will be explored in Chapter 5, Findings.

3 CONCEPTUALISING SELF-RELIANCE IN THE CONTEXT OF SAAP & HOMELESSNESS

A key task of this research was to conceptualise and define self-reliance in the context of SAAP and homelessness. This chapter presents and explains working and conceptual definitions of self-reliance and describes the process by which these definitions were developed. The research team concludes firstly that self-reliance is definable within the context of SAAP and homelessness. Secondly, that self-reliance is most usefully:

- Defined by adopting *both* a working *and* a conceptual definition
- Described by a working definition of '*getting back on your feet*'
- Explained by describing an individual's pathway or journey towards self-reliance

In conceptualizing self-reliance as an individually described pathway, the research team further concludes that it is:

- *Multi-dimensional* comprising a number of *dimensions* and *components*
- Attained via a process whereby an individual moves from one position, status or situation to another over time
- Specific to each individual, so that the relevance of particular dimensions and components will vary from person to person.

Given the complexity that characterizes homelessness and the needs of people using SAAP services it is unsurprising that self-reliance, as a concept, is similarly complex and not easily described. To make the definitions more accessible this chapter:

- Describes the process of developing a client-identified, everyday, working definition of self-reliance
- Outlines the proposed working definition
- Expands the working definition by explaining how people interviewed described the idea of *pathways towards self-reliance*
- Presents and explains the dimensions and components that comprise self-reliance

3.1 Defining self-reliance

All stages of the research informed the task of defining self-reliance in the context of SAAP and homelessness, ensuring that the definition and emerging conceptualisation has been rigorously validated through the research process.

3.1.1 Preliminary analysis and focus group input

As outlined in Chapter 2, service provider input to focus groups emphasised that to be relevant to SAAP clients any working definition must allow for identification of each person's particular dimensions and components of self-reliance. Focus group participants suggested specific aspects of self-reliance for inclusion into any conceptualisation of self-reliance. This input provided a first level of triangulation between the research team's preliminary analysis and literature review. As focus group input was reported in the December 2003 Progress Report and is summarised at Appendix 8 it is not repeated below.

3.1.2 *Client identified definitions of self-reliance*

In response to preliminary research, the process of defining and conceptualising self-reliance required input from SAAP clients. This was obtained during testing of the interview guide. Interviews were undertaken to:

- Inform the conceptualisation and defining of self-reliance (discussed in this Chapter)
- Test the validity of the interview guide for 'measuring' self-reliance (see Chapters 5, 6 and 7)

Participant input into defining self-reliance was obtained at four specific points during each interview:

- At the commencement of each interview, interviewers explored each participant's own terminology for self-reliance by exploring everyday language for self-reliance that was relevant to that participant.
- Question 10 invited each participant to provide an open response describing what 'getting back on my feet' (or preferred terminology) meant. Question 11 asked what participants had done to 'get back on your feet' since linking with SAAP service providers.
- Question 21 invited each participant to describe 'what they wanted their life to look like in six months time' as a means of obtaining information about participant aspirations and priorities in 'getting back on your feet'.
- Question 23 included an open-ended response to provide an opportunity for participants to extend their previous descriptions of 'getting back on your feet'.

Participants preferred terminology for self-reliance informed the working definition while input on Questions 10, 11, 21 and 23 informed the conceptualisation of self-reliance as a multi-dimensional pathway.

3.2 Working definition

As the title of this report suggests, the proposed working definition for self-reliance within SAAP is:

'Getting back on your feet'

As noted in Chapter 1, self-reliance is a significant term within the SAAP but one that has not previously been formally conceptualised or defined. Some of the caseworkers consulted by the research team had developed terms that were being used on an everyday basis when discussing the idea of self-reliance with SAAP clients. Effectively, these service providers had operationalised self-reliance in their day-to-day practice. *Getting back on your feet*, together with *getting sorted*, and *getting back on track* are examples of the terms used between service providers and SAAP clients. More than one service provider nominated *getting back on your feet* as an everyday description of self-reliance and so the researchers adopted this term as the beginning point for conversations with interview participants.

3.2.1 *Negotiating client-identified terminology for self-reliance*

The next step in developing a working definition for self-reliance was to establish which terms were considered relevant by the SAAP clients who participated in interviews. This step provided a means of collecting information about a client-identified terminology to be used in conceptualising and defining self-reliance.

At the commencement of each interview the use of the term ‘getting back on your feet’ was used to introduce a brief conversation about self-reliance between the interviewer and each participant. As outlined in the ‘preamble’ to the Interview Guide (Appendix 7) discussion focussed on whether or not the term ‘getting back on your feet’ was considered relevant and/or appropriate by that person for the purposes of the interview or whether another term should be used.

Of the 27 participants interviewed, 21 identified ‘getting back on my feet’³ as an appropriate term to use during the interview. In addition, participants offered a variety of other terms. None of the participants identified a plain language description of self-reliance as irrelevant or inappropriate. Although one participant preferred to use self-reliance, interviewers noted that generally the term ‘self-reliance’ itself had little immediate relevance to the participants. Table 3-1 lists the various terms participants used when describing ‘getting back on my feet’ in their own words.

Table 3-1: Participant Identified Terminology For ‘Getting back on my feet’.

Directions on a pathway for self-reliance	Terminology describing ‘getting back on my feet’
Attaining/achieving goals	Having control of life
	Having a normal living style
	Fluent lifestyle... fulfilment
Changing direction	Not being lost
	Getting on the track
	Getting rid of the crap I've been through
	Getting on the straight and narrow path
Restoration	Getting back to work
	Dead for 13 years and by coming to SAAP born again
	Back on the road
	Getting back a normal life
	Getting my life back on track
	Getting my life back
	Picking up the pieces to my life

3.3 Self-reliance as a pathway

In providing an everyday working definition of self-reliance, participants summarised it in terms of the broad change they wanted to achieve. A common theme in the client-identified terminology used to describe ‘getting back on my feet’ is the idea of a journey or pathway from a person’s current situation to something different. As included in Table 3.1 above, participant responses can be grouped under three sub-themes that describe directions people identify they will take in order to become self-reliant:

- Achieving goals

³ The term ‘getting back on my feet’ (rather than ‘your feet’) is used in this sub-section, or where comments reflect language used during the interviews.

- Changing the direction of their lives
- Restoring their lives to something previously experienced

Becoming self-reliant may involve changes in any or all of these directions but it is not necessarily a linear pathway or process. The researchers also emphasise that these are not universally applicable groupings and a person's pathway toward self-reliance may involve changes in more than one of these areas over a period of time.

3.2.2 *Attaining or achieving goals*

This describes moving in the direction of a pathway towards personally identified goals. Participants referred to moving towards a normal life, gaining control and achieving goals. This theme can be understood as people seeking to map out and move toward their own pathway of self-reliance. It can be a step within a broader pathway towards self-reliance. For example, service providers identified that for some clients the journey towards self-reliance may commence with the realisation that an alternate life is a possibility. This realisation may take a long time to emerge and be identified by a client. This can be understood as a SAAP client taking control of their life, perhaps for the first time.

3.2.3 *Changing direction*

This theme captures the idea that for some participants 'getting back on one's feet' involves consciously choosing to change direction in their life. As listed in Table 3.2 this was variously described as letting go of practices/behaviours, or unhelpful relationships thereby changing direction. Several people referred to 'getting rid of' aspects of their life (current or past) in order to change direction. Changing direction can be understood as people mapping out a different vision or aspiration for themselves, again, perhaps for the first time. Common to all descriptions under this theme is the idea of changing from an abusive, damaging, or unhelpful situation or behaviour to a more positive direction.

3.2.4 *Restoration*

The theme of restoration varies from the two preceding descriptions in that it captures the idea expressed by some participants that 'getting back on one's feet' involves restoring their lives to something they have experienced previously. Participants described returning to a previous state, commonly pre-fixed by the term 'getting back...'. Some participants explained this in specific terms, such as regaining custody of, or regular access to children, or restoring relationships with family or broader connectedness to friends or community. Others framed restoration in less specific terms, such as 'getting my life back' or 'getting back on track'.

3.2.5 *Actual vs. Projected pathways*

The research team also observed that when describing pathways to self-reliance, participants sometimes referred to pathways they were actually engaged in pursuing. At other times, description referred to projected, or future pathways that the person felt they needed to pursue in order to become self-reliance. We therefore conclude that the process of becoming self-reliant is one that involves *actual* and *projected change*, as follows:

- **Actual** - the change a person is actively engaged in pursuing. Participants referred to changes they had already identified as requiring attention, such as pursuing an income, becoming safe, resolving relationship issues, obtaining accommodation and/or employment.

- **Projected** – the future changes, or steps, a person identifies that need to be achieved in order to become self-reliant in their own terms. In referring to projected pathways, participants identified changes they wanted to achieve, but which they were not yet able to achieve. Examples included re-establishing contact with families/children; engaging in education/training; having a routine or ‘normal life’; being able to manage/overcome alcohol or drug use; having enough money to obtain long-term accommodation.

Whether referring to actual or projected pathways the process of achieving self-reliance involves overcoming a range of personal and structural barriers (discussed in Chapter 5).

3.4 Self-reliance: Dimensions & components

The initial stages of this research (literature review and focus groups) endorsed Browton’s (1993) description of self-reliance as comprising multiple dimensions and components. The dimensions and components proposed below have been refined through analysis of participants’ responses to the interview guide so as to more closely describe pathways to self-reliance.

3.4.1 *The process of conceptualising self-reliance*

Four questions in the interview guide gathered information to inform a client identified definition of self-reliance:

- Question 10 invited participants to ‘*describe what being back on your feet means for you?*’
- Question 11 explored participants descriptions further by asking them to describe what they had done to ‘get back on your feet’ since coming into contact with the SAAP service providers.
- Question 16 asked participants to respond to the question ‘*In 6 months I want my life to look like...*’
- Question 23 provided an opportunity for participants to add to their initial descriptions of ‘*getting back on your feet*’.

Responses to each question were sorted, categorised and reviewed against emerging themes. Themes were then compared with the dimensions and components identified from the initial research. By constantly comparing themes and differences, the research team sought to identify components and dimensions of self-reliance that:

- Accurately reflected the client identified descriptions of self-reliance
- Were validated by a process of triangulation between preliminary research and literature review and client-identified descriptions of self-reliance
- Identified a variety of components of each dimension that assist in describing an individuals pathway towards self-reliance

Responses were sorted according to themes identifiable within each question, then categorised in relation to the proposed dimensions. Examples provided by participants were analysed to assess their relevance in relation to the proposed dimensions and components. This process resulted in substantial revision of the proposed components and the addition of an additional dimension of Control/Security, given the emphasis placed on this dimension by participants.

3.4.2 Six dimensions defining self-reliance

The research team concludes that **six** dimensions of self-reliance inform a conceptualisation of self-reliance and we identify these as being:

- Affect
- Control/Security
- Knowledge
- Behaviour
- Status
- Relationships, Connectedness & Capacity

A number of components accompany these dimensions, as discussed below.

Of the six proposed dimensions, *Control/Security* was identified from analysis of participant responses to Questions 10, 11 and 21 in the interview guide. When describing what 'getting back on your feet' meant for them, participants most commonly referred to gaining control and achieving security in relation to one or more areas of their life.

The remaining five dimensions draw on terms reported in research by Rapp & Poertner (Flinders Institute of Public Policy & Management, 2003 p.4 citing Rapp & Poertner's 1993), and Browton (2001). The research team found the 'taxonomy of client outcomes' cited in the Outcome Measurement in SAAP Funded Services report useful in refining the terminology used to describe the six dimensions of self-reliance. Rapp & Poertner (1993) included in their taxonomy of client outcomes the categories: *Affect, Knowledge, Behaviour, Status and Changes in the client-system's environment*. The first four corresponded closely to the emerging conceptualization of self-reliance. These have been adopted instead of the terminology of practical, skills and self/personhood proposed in the literature review and progress report. Rapp & Poertner's fourth term, *changes in the client system's environment*, referred to activities beyond the focus of this enquiry hence it has not been adopted.

Status refers to factors such as housing, health, disability/ability, employment, training and/or economic opportunities. *Affect, Knowledge and Behaviour* are relatively self-explanatory but are illustrated by examples included in Table 3-2.

As discussed in Chapter 2, Browton's (2001) exploration of self-reliance identified particular domains and components but omitted the structural or status factors that have specific relevance for SAAP clients as underpinning factors related to homelessness. Browton (2001, p.8) also noted that self-reliance is commonly described in terms of a person's identified connections with community; and capacity to solve problems. The research team retains Browton's references to *connectedness*, and *capacity* but extends this dimension to communicate the importance of *relationships* evident in participants' responses when describing pathways to self-reliance.

The six dimensions are presented in Table 3-2, together with the specific components linked to each dimensions. The third column presents examples that illustrate each component of self-reliance. These examples are drawn from participants' responses. As far as possible the examples restate quotes from interviews or repeat the terminology used by participants.

Table 3-2 Dimensions & Components of self-reliance

Dimensions	Components	Description/Examples
<p>Affect</p>	<p>Goals/vision <i>Having a focus & vision: recognising choices exist</i></p> <hr/>	<p>Trying to decide what to do Setting goals, making plans Getting clear about what I like to do Realising ‘on the right pathway to life’ Becoming more interested in life Not being so self destructive</p> <hr/>
	<p>Confidence/self esteem/belief in self <i>Increasing confidence/self esteem/assertiveness</i></p> <hr/>	<p>Making decisions Being more assertive, gaining control/ communicating needs Identifying strategies to resolve housing/personal/family challenges Believing it is possible to ‘get back on one’s feet’ Belief in own ability to change, use new skills,</p> <hr/>
	<p>Accepts assistance (support/services/help)</p> <hr/>	<p>Accessing support as required Feeling able to access support Not feeling ‘like a loser’ if asking for help</p> <hr/>
	<p>Resilience <i>Awareness of sense of resilience Perseverance in face of adversity</i></p>	<p>Sticking to things Keeping focussed on goals/vision Being motivated</p>
<p>Control/ security</p>	<p>Personal Safety</p> <hr/> <p>Stability</p>	<p>Feeling/becoming safe Ending abuse Not being put down Moving to safer place Leaving violent situation</p> <hr/> <p>Having a sense of control over own life Making own decisions Being normal Being/becoming happier Having a routine (for self and children)</p>

Dimensions	Components	Description/Examples
Knowledge	<p>Life Skills <i>Practical (cooking, budgeting, cleaning)</i></p> <hr/> <p>Problem solving abilities <i>Social skills</i> <i>Cognitive/behavioural skills</i> <i>Assertion</i> <i>Reframing emotional concerns/attitudes</i> <i>Parenting skills</i></p> <hr/> <p>Knowledge of resources and supports <i>Knowing entitlements</i> <i>Communication skills</i></p>	<p>Learning/improving skills</p> <hr/> <p>Knowing how to deal with problems Being/becoming more assertive and communicating needs/asking for help Finding new ways of doing things Knowing when to seek assistance/ support Having new skills</p> <hr/> <p>Knowing how to engage with government officers/service providers Knowing where to go to for support/services</p>
Behaviour	<p>Assumes responsibility</p> <hr/> <p>Coping behaviours <i>Stress reduction/self care</i> <i>Parenting practices</i> <i>Conflict management</i> <i>Cognitive reframing</i></p> <hr/> <p>Substance use behaviours</p>	<p>Taking responsibility for own life Becoming law abiding Making decisions, feeling safe, having a routine Reframing emotional concerns/attitudes Ceasing criminal activities Managing money, paying bills, sticking to budget</p> <hr/> <p>Managing stress, learning self care, Learning better parenting Resisting conflict/physical fights Changing/improving parenting practices</p> <hr/> <p>Reducing substance use (getting help, going to a group/program) Abstaining from substance use</p>

Dimensions	Components	Description/Examples
Status Accommodation Economic & financial Employment & training Health/mental health Disability/ability	Stability	Resolving barriers to achieving stability, such as: Applying for public housing/Centrelink payments Obtaining medical care/support; prescriptions; regular medications Transport to mental health programs/psychiatric appointments Being able to afford training/counselling/programs Availability of advocacy for liaising with services/police/courts Finding a suitable counsellor Being eligible for necessary services
	Availability (of services and supports)	Having services available for required duration, becoming self-reliant takes time
	Adequacy (of services and supports)	Availability of transport Service being located within reasonable distance Having access to affordable, appropriate service
	Accessibility (of services and supports)	Officers/support staff having appropriate knowledge of SAAP clients service and support requirements.
	Attitudes <i>Attitudes of providers of services and supports towards SAAP clients</i>	Attitudes/responses of police to violence/breaches of restraining orders
	<i>General community attitudes facilitating connectedness to community and social networks</i>	Public awareness of homelessness and community/local attitudes towards SAAP clients

Dimensions	Components	Description/Examples
Relationships, connectedness and capacity	Establishing/restoring relationships <i>Connecting with family/partners/friends</i>	Realising friends/family will be there for moral support if he/she 'falls again' Having access to children Re/gaining custody of children Having intimate relationships Being role model for children Maintaining/re-establishing contact with support networks Accepting support/assistance from family/friends Moving interstate to accept family help
	<hr/> Stability	<hr/> Having support available from family/friends/community Feeling connected
	<hr/> Resolution	<hr/> Resolving relationship issues Addressing relationships issues
	<hr/> Connecting with broader social networks	<hr/> Communicate/assert needs & accept assistance/support Making new friends/establishing different networks and supports Engaging in recreational activities Stopped contact with peers (drug using)

Notes: Where the research team considers brief explanation of the components may be necessary, comments have been included above. Descriptions are drawn from focus group input, literature review or researchers analysis of participant input. It is anticipated that the majority of components are self-explanatory or are adequately described by the examples provided.

3.4.3 Components of self-reliance

Each dimension of self-reliance encompasses two or more specific components. These describe dimensions in more detail and as illustrated in Table 3-2, demonstrate the breadth and complexity of factors influencing each person's pathway or journey towards self-reliance.

The terms used to describe the components draw on the terminology identified from the literature review but it has been adapted through further research and analysis. Several of the components are self-explanatory. Where necessary, the research team

has included brief descriptions (*in italics*) below each component. Examples drawn from participants' responses also provide descriptions of the components.

The research team draws attention to *Stability*, which is listed against more than one dimension. A theme of stability was identifiable in participants' comments on aspects of self-reliance that relate to different dimensions. For example, *stability* may refer to people achieving changes in their *status* by securing stable accommodation, employment or income. For other participants, *stability* meant achieving greater control over their own life, perhaps through making decisions or becoming physically safe. A third example is of stability in *relationships*, achieved by resolving or addressing relationship issues.

The research team emphasises the following points should be kept in mind in relation to the components listed in Table 3-2:

- The variety in responses reinforces the importance of pathways being individually described. Table 3-2 presents a composite summary of descriptions of pathways provided by all participants. Not all components will be relevant to all participants.
- It is anticipated that the relevance of each component will vary from person to person, and over time.
- Although the significance of dimensions and components will vary over time, we also conclude that the components of self-reliance are interdependent. For example, achieving secure accommodation may be dependent upon a SAAP client receiving Centrelink payments. This, in turn, may depend on changes being achieved in several other components/dimensions, including knowledge, self-confidence, visions and behaviour.

The variability of dimensions and components over time is illustrated further if responses to Question 21 are considered.

3.4.4 'In 6 months I want my life to look like ...?'

Question 21 invited participants to respond to the question 'In 6 months I want my life to look like...?' This question-focussed comment on the changes or achievements participants sought within a relatively short timeframe. The question was included to gather information that identified participants' short-term goals, aspirations and priorities within their journeys towards self-reliance. Responses are summarised in Table 3-3 and again examples drawn from participants' responses assist in communicating the range of strategies and barriers encountered in the process of becoming self-reliant.

Overall, there is a high degree of consistency in the range of dimensions and components identifiable from responses to Question 21 presented in Table 3-3 below and those previously reported in Table 3-2. The research team concludes that this further validates the relevance of the proposed dimensions and components. Only one component was not identified in responses to Question 21. No participant identified *accepting support/help* as among the changes they aimed for in the short term. At the same time, all participants were in contact with SAAP service-providers at the time of interview, and so were accepting support at that time.

One additional component of self-reliance was identified in responses to this question. The component *resolution* was identified as also being a component of *stability*. It was previously identified (Table 3-2) as a component of *relationships/connectedness/capacity*.

Table 3-3 Question 21: 'In 6 months I want my life to look life...?'

Dimensions	Components	Examples/Descriptions
Affect	Vision	Overall stability Self and children happy Being happy Having good [normal] Christmas with my baby [To experience] being in control Having undertaken/completed training Having a career Having my own business
	Confidence/self esteem/belief in self	[To have] increased self confidence Being/becoming assertive
	Accepting support/service/help	<i>...No responses</i>
	Resilience	Feeling that I can cope
Control/security	Safety	Being safe
	Stability	Being independent Children experience stability Becoming independent Being in control of life
Knowledge	Life Skills Developing skills Practical (cooking, budgeting, cleaning) Social skills	Parenting skills Having a driver's license
	Problem solving abilities	[To be] less stressed
Behaviour	Assuming responsibility	Attend/complete counselling/support programs Being law abiding Continuing to be law abiding Managing money/savings
	Substance use patterns	Abstaining/minimise substance use To be/becoming substance free To complete counselling
Status: Health, Economic Accommodation Employment/training	Stability	Having own stable/secure/ affordable accommodation Saving deposit for own home Having a stable job [reasonable wages] Keeping a job Achieve financial security and independence

Dimensions	Components	Examples/Descriptions
	<p>Availability (of services and supports, employment)</p> <p>Adequacy (of services and supports)</p> <p>Access</p> <p>Resolution</p>	<p>To be seeking/finding a job Having a driver's license</p> <p>Locating suitable Counselling & Support services (mental health, relationship, parenting skills, substance use)</p> <p>Being able to afford Counselling & Support services Having [able to afford] own transport</p> <p>Not being in prison (resolve outstanding court issues/fines) Resolving legal issues Resolving mental health issues Being back on my feet (mentally & emotionally)</p>
<p>Relationships, connectedness and capacity</p>	<p>Stability</p> <p>Resolution</p> <p>Connectedness</p>	<p>Continuing intimate relationship Children can experience stability Establish regular contact with children Continuing intimate relationship</p> <p>Resolve relationship issues Reconcile family relationships Restoring family contact</p> <p>Having supportive friends and networks [To be] enjoying recreational and social activities [To] have supportive friends/networks</p>

Four themes are identifiable in respondents' descriptions (Table 3-3) of their aspirations six months ahead.

- Participants most commonly reported they sought changes in their *status* by securing *stability* in their accommodation within the next six months.
- The second most commonly reported area was again changes in *status*, through being able to participate in employment/training/education. This again related to achieving *stability*.
- *Stability* was also referred to as a component of *Control/Security and Relationships/Connectedness/Capacity*. In addition, the importance of *stability* in the short term was further reinforced by participants stating they wanted to attain a sense of *overall stability* in the short term (included within *Affect* as an example of the short term goals/visions that describe preferred pathways to self-reliance.)

- *Resolution* was cited to more frequently than in responses to Questions 10, 11 and 16 with specific emphasis placed on *resolution of* issues within relationships and *resolution of* barriers to changing a person's status.

The apparent significance of *stability* and *resolution* as possible short-term influences in achieving self-reliance are themes not previously identified in the literature.

Analysis of responses to Question 21 raises the question of whether components *resolution* and *stability* are particularly significant within in the short term within a person's overall pathway to self-reliance.

A further important aspect of *resolution* was identified during pilot testing by a service provider working predominantly with Indigenous Australians who emphasised the relevance of resolution within Indigenous Peoples' family relationships as an important component of Indigenous Peoples' pathways to self-reliance.

The small sample population involved in this study precludes making any firm conclusions about the relevance of *stability* and *resolution* as components of self-reliance that may be more significant in the short term. In addition, Indigenous People were not interviewed for the testing stage of this study. The research team identifies these as areas for further exploration during the 'tracking and 'mapping' project proposed to follow this initial exploration of self-reliance in SAAP.

3.5 Summary

The research team proposes the following working definition for self-reliance in the context of SAAP and homelessness in Australia:

'Getting back on your feet'.

The process of becoming self-reliant can be understood as a journey, or **pathway**, whereby a person achieves goals, changes direction and/or restores their life in ways that are individually identified.

A person's pathway towards self-reliance is not linear, but involves changes in one or more of the following dimensions and components within that person's life:

Affect

- Goals/visions*
- Confidence/self esteem*
- Beliefs*
- Acceptance of assistance*
- Resilience*

Control/Security

- Personal safety*
- Stability*

Knowledge

- Life skills*
- Problem solving abilities*
- Knowledge of resources and supports*

Behaviour

- Assuming responsibility*
- Coping behaviours*
- Substance use behaviours*

Status

Stability

Resolution of structural barriers to independence/self-reliance

Availability, adequacy, accessibility of services and supports

Attitudes of officers/authorities/service providers

Relationships, connectedness and capacity

Establishing/restoring relationships

Resolving relationship issues

Stability

Accessing support networks

Connecting with broader social networks

In the short term, *resolution* and *stability* may be components that are particularly significant in relation to more than one dimension, particularly *status* and *relationships/connectedness/capacity*.

The relevance of specific components will vary from person to person and over-time. Consequently it is not possible to develop a generalised description of a pathway out of homelessness or crisis that is relevant to each person. An individual's pathway must be individually identified and mapped.

Adopting a terminology of journeys or pathways could suggest a linear process. The research team cautions against interpreting the idea of a pathway too literally. There is not necessarily any direct relationship between the six different dimensions identified as defining self-reliance. Focus group and pilot interview input emphasized that the process of becoming self-reliant may be hesitant, and involve setbacks and many starts.

It is also possible that additional dimensions and components are relevant to people's pathways towards self-reliance.

Input to this study identified that the availability, accessibility and appropriateness of services is a component of self-reliance. Two factors were identified as mediating people's achievement of self-reliance in these areas. Attitudes towards people experiencing homelessness were identified as a barrier to self-reliance, whilst the importance of the availability of support and advocacy for people encountering these barriers was emphasised both by service providers and participants interviewed. The research team therefore concludes that progress towards self-reliance within SAAP is unlikely to be understood by assessing changes in a person's access, continued use, or discontinuation of SAAP services. Ongoing contact with, return to or request for alternative SAAP services, is not an indicator of whether or not self-reliance is being achieved. This conclusion was reported in the SAAP III evaluation and has been confirmed in this study.

The discussion so far presents and describes working and conceptual definitions of self-reliance. Chapter 4 continues the discussion by reporting how recent research in homelessness, and in other areas, validates the approach to conceptualising and defining self-reliance adopted in this study.

4 VALIDATING THE WORKING & CONCEPTUAL DEFINITION

The preceding chapter outlined the research team's definition for self-reliance in the context of SAAP and homelessness and mapped the dimensions and components informing that definition. Throughout this enquiry, the research team has sought to ensure that the conclusions presented are rigorous and supported by more than one information source. A final step in the process of conceptualising and defining self-reliance was to selectively revisit the literature to ensure congruency between information gathered, the conceptual definition of self-reliance and relevant research and literature. During this process, two further examples demonstrating how abstract concepts can be defined and articulated were identified. The World Health Organization's research into and evaluation of its *Quality of Life* project provided a useful comparative example of a multi-dimensional, iterative and contextually located definition. In addition, the notion of the 'recovery paradigm' adopted within the mental health field in the past 10 years provides a useful adjunct to literature drawn from SAAP and homelessness areas.

The process of further analysing the research team's conceptualisation of self-reliance, by comparing it with the research summarised below, validated the conclusion that self-reliance is appropriately understood as a multi-dimensional pathway, comprising varying components. The following brief summary explores other research that supports the research team's approach to defining self-reliance.

4.1 Homelessness literature

As the relevance of Browton's construct of self-reliance has previously been discussed in detail in this study (Literature Review 2004) and summarised in Chapters 2 and 3 it is not discussed again in this section. This section identifies four contributions from recent research into homelessness that usefully inform an approach to conceptualising self-reliance, Chamberlain & Johnson (2003); Robinson (2003); Bissett, Campbell & Goodall (1999); Memmott, Long, Chambers & Spring (2003)

Three ideas are identifiable in Chamberlain & Johnson's (2003) research into prevention and early intervention services for homeless youth.

- Firstly, referring to *structuration theory*, they argue that 'explanations of homelessness' should take account of both structural influences *and* agency because people actively influence their experiences. (Chamberlain & Johnson 2003, pp i and 11).
- Secondly, (citing Neil and Fopp 1993) they explain homelessness as a process that people enter and exit intermittently. Taken together, the ideas of agency and process connect with the idea of a journey, over time that is shaped by an individual's experiences. Dimensions of *affect* and *behaviour* reflect the exercising of agency by a person engaged in the *process* of becoming self-reliant.
- Understanding self-reliance as a process, or journey, connects with the third aspect of their work relevant to this study, their identification of an emphasis in homelessness research that acknowledges 'temporal' characteristics, thereby recognising that self-reliance is understood and attained over time

We argue that a definition of self-reliance will only be relevant to a person within SAAP when they can articulate what it means *for them* in the context of their lived

experience. The importance of homelessness being defined by the person experiencing it features in Robinson's (2003) theorising of 'iterative homelessness'. Robinson also refers to the unique path that individuals take in 'breaking the cycle of iterative homelessness' describing it as requiring shifts in barriers that vary across personal, material and structural influences. She also outlines a multi-layered network of factors, of which housing is only one, that inform the experience of homelessness for people experiencing mental disorder and trauma and again, highlights the importance of recognising the temporal dimension to homelessness. Robinson's research also reinforces the idea of pathways over time, and the relevance of a multi-dimensional definition being adopted.

Two additional research reports into homelessness rely on identifying multiple categories in order to describe and explain its complexity. Bissett, Campbell & Goodall (1999) outlined a conceptualisation of high and complex need among homeless people. Memmott, Long, Chambers & Spring (2003) use multiple categories in articulating Indigenous homelessness. The requirement for many different categories in articulating homelessness is testament to the complexity that current research engages with, and attempts to make visible, in order to better inform policy. Not only must a definition of self-reliance be flexible enough to incorporate the complexity of homelessness, but also enable the other dimensions identified in this research to be made visible. Memmott et al (2003) introduce the significance of spiritual dimensions of home and place, and of dislocation and spiritual homelessness, aspects that provide timely reminders that understandings of homelessness or self-reliance commonly reflect non-Indigenous origins. As emphasised at different points in this report, further research is required before any comment can be made about the relevance or otherwise of findings from this study for Indigenous peoples or communities.

The recent Australian homelessness research discussed above validates the conclusions drawn in this research that self-reliance is appropriately conceptualised as a pathway, shaped by both structural influences and a person's own agency. This literature also supports a number of principles important to the process of conceptualising self-reliance. These are noted in the summary to this Chapter.

4.2 Defining *quality of life* (WHOQOL)

At a much broader level, the challenges of defining an abstract concept that varies from person to person, and location to location also confronted the *World Health Organization* in defining and measuring *Quality of Life* in relation to health and wellbeing (WHOQOL). Four principles have been identified as important in developing the WHOQOL (Murphy, Schofield & Herrman 1999 n.p.)

- A comprehensive assessment of quality of life includes psychological, social and physical aspects of health, that is, it is multi-dimensional
- QOL is subjectively (that is individually client or patient) defined, because perceptions of life are altered by experiences
- An individual needs to be able to identify the relative importance (to her/him) of each dimension so that the definition accurately reflects the individual's situation.
- Any 'instrument' for measuring QOL must also be *culturally* relevant

The resulting definition of quality of life is: -

An individual's perception of his/her position in life in the context of the culture and value systems in which he/she lives, and in relation to his/her goals, expectations, standards and concerns. It is a broad-ranging concept,

incorporating in a complex way the person's physical health, psychological state, level of independence, social relationships, and their relationship to salient features of their environment.

WHOQOL group 1994 cited by Murphy, Schofield & Herrman (1999 n.p.)

A simplified version of the same definition is: -

A person's view of their own life, how they feel, where they live and what they do. It includes their physical health, their emotional wellbeing, their feelings of independence, their social relationships, their spiritual life, and their environment.

Murphy & Hawthorne, 2001

Alongside the general statement noted above, a series of additional definitions of *quality of life* identified through WHOQOL related research have been summarised as:

- The extent to which hopes and ambitions are matched by experience
- Individuals' perceptions of their position in life taken in the context of the culture and value systems where they live and in relation to their goals, expectations, standards, and concerns
- Appraisal of one's current state against some ideal
- The things people regard as important in their lives

Carr & Higginson, 2001, p.1358

Discussing the WHOQOL definitions, Carr & Higginson (2001) argue the importance of ensuring that any process for 'measuring' quality of life ensures that 'patient' perspectives are effectively captured in the measurement and assessment process. They argue the importance of ensuring 'patient' centred information gathering strategies are adopted, because 'there is no single agreed definition' and it is 'relative to individual or cultural expectations and goals'. Furthermore, they assert that unless measures are 'patient' centred they are unlikely to have 'accuracy and usefulness' because they are unlikely to measure anything relevant to the people involved.

The WHOQOL definitions and accompanying debate result from more than ten years comprehensive research, undertaken at a number of research centres in different countries. There is congruency between the overall WHOQOL approach and the principles listed above (in section 4.3). In addition the findings from the WHOQOL research suggests defining or 'measuring' self-reliance must also recognise that:

- Self-reliance is multi-dimensional.
- An individual needs to be able to identify the relative importance (to her/him) of each dimension so that the definition accurately reflects the individual's situation.
- Any strategies used to assess or measure self-reliance must be *culturally* relevant
- A person's perceptions of self-reliance will vary over time, in response to changes in dimensions and components of self-reliance. This is particularly significant within SAAP where the focus of intervention is specifically intended to enable change.
- Assessing self-reliance must also capture the extent to which a person's hopes and ambitions for becoming self-reliant are matched by experience
- Definitions of self-reliance must capture an individual's self-identified priorities and appraise a person's current state against a personally identified (description) ideal of self-reliance

- Unless descriptions and definitions of self-reliance are personally relevant (client or person centred) they are unlikely to have 'accuracy and usefulness' because they are unlikely to measure anything relevant to the people involved.

4.3 The Recovery paradigm

The research team identifies that there are parallels with the findings of this project and that of the Recovery movement or paradigm that has been emerging in the mental health sector over the last 10 years. As with the World Health Organisation Quality of Life definition, the fit between the research team's findings and the literature on Recovery is close, yet not perfect. The following section highlights the similarities in the Recovery model and the findings of this project.

William Anthony (1993) is credited with being one of the first authors to bring the notion of Recovery to the fore in the mental health field. In his seminal article entitled *Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s*, he plots the conditions for and basis of recovery. Anthony and other authors (Spaniol, et al, 1994; Kruger, 2000; Onken et al, 2002) have documented the assumptions and parameters of Recovery. These are listed in the following table, with the project team's findings along with comment on the similarities between the two areas.

Onken et al (2002, p2) provide a definition of recovery that has distinct parallels with the project team's findings and research into self-reliance. Terms relevant to the current research have been inserted to broaden the transferability of this definition.

Recovery (getting back on one's feet) is an ongoing dynamic interactional process that occurs between a person's strengths, vulnerabilities, resources and the environment. It involves a personal journey of actively self-managing psychiatric disorder (homelessness and related issues) while reclaiming, gaining and maintaining a positive sense of self, roles and life beyond the mental health system (SAAP), in spite of the challenge of psychiatric disability (homelessness). Recovery involves learning to approach each day's challenges, to overcome disabilities (homelessness and related experiences), to live independently and to contribute to society. Recovery is supported by a foundation based on hope, belief, personal power, respect, connections and self-determination.

This definition is useful as it illustrates aspects of recovery that are comparable to the idea of people's pathways towards self-reliance identified from this research. For example, the structural and status issues (named as the environment in the above definition), along with the affective or personal components (named as hope, belief, personal power etc) are included.

Table 4-1: Parallels between Recovery and Self-reliance

Recovery	Self-reliance	Comment
A personal and unique experience	Located within the context of a personal and unique experience of homelessness	<i>There are distinct similarities, which attend to the richness and potential complexity of an individual's experiences.</i>
Finding, creating and nurturing a sense of purpose in order to recover	Having vision, goals and strategies in order to achieve self-reliance.	<i>The initial framing may differ between the two concepts; however the intent is the same – moving forward in a purposeful way.</i>
The individual is the expert	The individual is the expert and best placed to determine what self-reliance is for them and how to get back on one's feet	<i>This feature was inferred in the majority of consultations with service providers and affirmed by findings in the self-reliance research project when participants were asked to identify what they had done to get back on their feet.</i>
There is a need to have at least one person stand by and witness the recovery, including when there is an episode of relapse. This person is non-judgemental in their responses and provision of support.	This was expressed by many participants as <i>Knowing that there is someone there</i> . Participants identified that they needed to know that someone was available to them (usually the SAAP service), even if they didn't access them in times of need.	<i>Clear parallels exist.</i>
Recovery is a non-linear process	Self-reliance is a non-linear process	<i>Highlights that the pathways people take are contextually driven.</i>
Time and space for adjustment to mental illness needed	Time and space to recover from the events that led to homelessness is required in order to get back on one's feet	<i>Related to non-linear processes which also acknowledge the complex situations many people experience.</i>
Empowerment and self determination required	In line with people identifying the best way to get back on their feet, are notions of empowering service delivery practices that promote self determination	<i>Not specifically addressed in the self-reliance research, however it was an inferred theme that arose in service provider consultations.</i>
Lapse offers opportunities to grow, develop and learn about the triggers to further episodes of illness	Returning to SAAP provides people with opportunities to grow, develop and learn about what they need to do to get back on their feet.	<i>Strongly emphasised notion within the self-reliance research. Simple measures of return rates to SAAP as a measure of self-reliance are misleading, as they do not incorporate contextual factors that led to the return...</i>

Recovery	Self-reliance	Comment
Formal mental health services are not the only interventions that promote recovery – many informal processes also assist.	SAAP intervention is just one of the many factors that promote self-reliance.	<i>Clear parallels exist</i>
Hope is the central feature in recovering from mental illness	Hope, determination, perseverance and belief in one's capacity to get back on one's feet.	<i>An important reported component in people getting back on their feet</i>
A multi dimensional experience	A multi dimensional experience	<i>Clear parallels exist</i>

4.4 A conceptual description of self-reliance

The strategies adopted by WHOQOL in defining *quality of life* and Onken et al (2002) in articulating a *recovery paradigm* within the mental health field provide a model that can be used as the basis for a conceptual description of self-reliance, as follows:

Becoming *self-reliant* is an *ongoing process, journey or pathway* whereby, through change in a person's affect, control/security, knowledge, behaviour, status, relationships/connectedness and capacity they overcome the constraints arising from homelessness and *achieve goals, change direction and/or restore their life* in ways that are individually identified. Self-reliance is iterative, individually relevant and reflects cultural as well as personal variations. The availability of resources to facilitate self-reliance, along with openness to accessing resources and support, influence the probability of a person succeeding in their individual journey towards self-reliance.

Whilst the research team found it useful to establish that a conceptual description of self-reliance could be developed we also conclude that it results in a statement that is lengthy, complex and dense. It is included to demonstrate that the approach adopted in conceptualising self-reliance reflects conclusions reached by researchers engaged in similar tasks of defining and describing complex, multi-dimensional concepts in ways that facilitate the inclusion of those definitions within an applied policy and program context.

The research team anticipates that self-reliance is more effectively described by the plain language working definition summarised in Chapter 3 and by describing it in terms of dimensions and components.

4.5 Summary

In summary, the homelessness literature validates the following principles as important in the conceptualisation of self-reliance:

Self-reliance is best described as a process, pathway or journey, undertaken over time, and shaped by an individual's experiences

- The pathway of self-reliance is shaped by both structural influences (environment, status) *and* a person's own actions or agency (affect, behaviour, knowledge).
- Self-reliance is self-defined, or iterative, and each person may follow a unique pathway. We argue that a definition of self-reliance will only be relevant to a person within SAAP when they articulate what it means *for them* in the context of their lived experience.

- Self-reliance is complex to define and describe - not only must a definition of self-reliance be flexible enough to incorporate the complexity of homelessness, but must also enable the structural influences and a person's actions to be incorporated as these change over time.
- Self-reliance is culturally inscribed and defined and will only be meaningful to individuals if defined in culturally relevant terms.

Chapter 4 adds to the conceptualisation of self-reliance by emphasising the importance of it being:

- Iterative
- Individually defined and relevant
- Reflective of cultural and personal variations

By drawing on recent Australian homelessness research as well as approaches adopted by others who have conceptualised complex social policy constructs, the research team concludes that the process of tracking, mapping or 'measuring' individual pathways towards self-reliance needs to be responsive to a variety of individual cultural and contextual considerations. The following *principles* are proposed to guide the process of conceptualising and mapping a person's pathways in relation to self-reliance:

- An individual needs to be able to identify the relative importance (to her/him) of each dimension so that the definition accurately reflects the individual's situation.
- Any strategies used to assess or measure self-reliance must be *culturally* relevant.
- Unless descriptions and definitions of self-reliance are personally relevant (client or person centred) they are unlikely to have 'accuracy and usefulness' because they are unlikely to measure anything relevant to the people involved.
- Any 'instrument' or interview guide for capturing a person's description of self-reliance must also be *culturally* relevant.
- Self-reliance is self-defined, or iterative, and each person may follow a unique pathway.
- The process of capturing a person's pathway to self-reliance needs to incorporate 'temporal' characteristics, thereby recognising that self-reliance is understood and attained over time, and that the process of becoming self-reliance is not necessarily linear.

5 FINDINGS FROM TESTING THE INTERVIEW GUIDE

This chapter explores the results of testing the interview guide with 27 current SAAP clients. The findings are presented according to feedback received from research participants on the process of undertaking the interview, issues concerning remote area consultations, analysis of questions contained in the interview guide and other methods of analysis of the interview guide. Recommendations are also included in relation to the ongoing use of specific questions. These recommendations are further explored in the following chapter. In addition, the emerging picture of participants' experiences in relation to getting back on their feet is included.

5.1 The interview guide

5.1.1 Participants feedback on the interview process

Table 5-1: Participants experiences of the interviews

Area	Comments
Experience of undertaking the interview	<ul style="list-style-type: none"> • An <i>interesting</i> experience • Gratifying to know that researchers and program managers are interested in the experiences of homeless people • Straightforward (<i>'relatively painless'</i>) • Pleased to be able to <i>'give something back'</i> • <i>...Has been a really good experience</i> • One participant noted that he did not like having to explain his life experiences to the researcher. He also added that the researcher had not requested this information, but that he felt it necessary to share the information as a way of providing the context behind his responses.
Relevance for understanding self-reliance	<ul style="list-style-type: none"> • Some questions not relevant (i.e. those regarding children, when people don't have children, use of English, need for interpreters, use of some services such as Justice or Child Welfare)
Gaps in the interview guide questions	<ul style="list-style-type: none"> • More questions about <i>people's family relationships and background</i> • More <i>'emotional questions'</i> • Assessing if people could cope without their current level of support
Emotional impact, potential to disturb or intrude on privacy	<ul style="list-style-type: none"> • Overwhelming agreement that questions were not too sensitive or invasive • <i>It helped me with some questions that no one else would ask</i> • <i>The questions about self were stressful. I did not feel my privacy was invaded, but talking brought up situations</i>
Other comments	<ul style="list-style-type: none"> • <i>I thoroughly enjoyed filling out this survey and hope some of the information I have provided helps in your research</i>

Area	Comments
	<ul style="list-style-type: none"> • <i>I hope this information will help the research outcome and hopefully give an idea of new areas to explore</i> • <i>Better to talk one to one, needs to be talked through, phone surveys no good</i> • <i>Face to face interviews are a good idea. The interview seems to be done well, the interview style works</i> • <i>Curious to know why Curtin is conducting this interview and is there an outcome?</i>

5.1.2 Reflections on approaching the SAAP sector

The process of undertaking consultations with service providers in remote, regional and rural areas is fraught with many difficulties. The research team was assertive and consistent in its attempts to engage SAAP service providers in the consultations. We hypothesise that a number of factors were at play in the limited involvement of the remote, regional and rural service providers in this process.

The fact that the research team is largely unknown to the remote, rural and regional providers means that a connection or professional relationship does not exist. This may lead to service providers feeling wary about the intentions of the team and whilst considerable attention was given to informing providers that the research team was keen to explore the concept of self-reliance from as many angles as possible, and had considerable experience in the SAAP field, it may still have left some providers questioning the aims and credibility of the project or the researcher's intentions.

The demands on service providers cannot be overestimated, particularly within rural, regional and remote areas. SAAP, being a crisis response program also indicates that workers' capacity to attend teleconferences or other forms of consultation is compromised. This was evidenced by a number of rural, regional and remote agencies declining to participate at the last moment due to the demands of service delivery on the day and time that the teleconference as scheduled. Finally, the lead up to Christmas tends to be a busy and demanding time within SAAP services. Therefore, it is understandable that services prioritise their workloads at this time and focus their efforts on meeting client needs.

Finally, the relevance of research and the topic is questionable for many regional, rural and remote services (this appears to be emphasised in the remote areas). The link between these services to broader policy and programmatic issues can be weakened by distance, the amount and type of formal communication with SAAP agencies, and the demands of SAAP service delivery.

A 30% rural, regional and remote involvement rate was achieved.

5.1.3 Reflections on approaching Indigenous service providers

The cultural issues particularly in relation to Aboriginal services are not addressed by telephone contact. Consultation that is effective with Aboriginal people and organisations is respectful of 'Aboriginal ways of working'. This means introducing oneself in person, spending time becoming known in the community and proving one's integrity before asking questions of a sensitive and potentially intrusive nature (Westerman, verbal communication 2003). Clearly, this cannot occur to any depth over the phone.

Feedback from Indigenous service providers across Western Australia highlighted not only the challenges in conceptualising self-reliance for this group, but also the complexity of Indigenous Peoples' lived experiences. For example, one Indigenous remote service talked with the project team about day-to-day difficulties such as:

- Driving up to 100kms per day to transport children to and from school.
- Not having immediate access to medical services, as there is no access point for the Royal Flying Doctor Service to land in or near the community.
- Travelling up to 300kms to the nearest regional centre or major town to access employment opportunities.
- Violence and substance use issues impacting on community members.

Literature evidence also supports this emerging understanding by the project team (Keys Young, 1998; Memmott et al, 2003). This literature highlights the impact of historical experiences and the relationship to current experiences of disadvantage for Indigenous people and communities. Coupled with this are important issues related to the various forms of homelessness, cultural values and beliefs, service and resource access issues and experiences of racism. Based on these factors, along with the size limitations of the project and in consultation with the project steering committee, the researchers decided to exclude Indigenous people from the sample. This was raised with Curtin's Centre for Aboriginal Studies and the position was endorsed.

5.2 Analysis of the questions

The following section analyses questions from validity and response perspectives. Questions 10 and 21 are not included as they have been discussed in previous chapters.

5.2.1 Questions 1 to 6

Questions 1 to 6 focus on basic demographic information and findings from these questions are detailed below.

Question 1 - Type of SAAP service (see table in Chapter 2)

Table 5-2: Length of time with SAAP service (Question 2)

Less than one week	1	1 week to 1 month	1
1 to 3 months	15	3 to 6 months	2
6 to 12 months	1	1 to 2 years	5
2 to 5 years	2	More than five years	
Don't know		No Information	

Table 5-3: Type of accommodation prior to current (Question 3)

SAAP crisis/short term	7	Living rent free in house/flat	3
Private rental (independent)	6	Public housing rental	3
Purchasing or living in own home	2	Car/tent/park/street/squat	1
Caravan rental	1	Rooming house/hostel/hotel	2
Other government residential	1	Other (Employer provided)	1

Table 5-4: Length of stay in previous accommodation (Question 4)

Less than one week		1 week to 1 month	3
1 to 3 months	3	3 to 6 months	4
6 to 12 months	9	1 to 2 years	4
2 to 5 years	3	More than five years	2
Don't know		No Information	

Table 5-5: Number of times homeless, in SAAP in past 12 months (question 5)

None	8 participants
One	6 participants
Two	9 participants
Three	3 participants
Four	2 participants

Table 5-6: Presenting reasons (question 6)

Usual accommodation unavailable	1	Eviction/previous accommodation ended/asked to leave	3
Time out from family/other situation	3	Relationship/family breakdown	5
Interpersonal conflict	3	Physical/emotional abuse	4
Domestic or family violence	3	Recent arrival to area with no means of support	1
Financial difficulties	6	Drug/alcohol/substance use	1
Recently left institution (prison, hospital, etc.)	2	Psychiatric disability/illness	4
Other (location, services on offer, loneliness)	3		

5.2.2 Questions 7, 8 and 9

These questions focus on the experience since engaging with the SAAP service. When developing the interview guide, the project team identified the importance of providing some context to a person's experience of the SAAP system. Service providers highlighted in their consultations with the team that this could be a key determinant of getting back on one's feet. Service providers identified that the person's experience of SAAP was shaped by a range of factors, many of which are beyond the control of the SAAP agency and the client. The project team was also conscious of not wanting to include 'pseudo' service evaluation questions; given this was not the research brief. The following analysis has been made of responses to these three questions.

Question seven – Identifying if things are better, worse or the same overall

81.5% of participants responded that things were better, with 14.8% identifying that things had stayed the same for them (one missing case).

Question eight – areas that have stayed the same, got better or worse. Analysis of the areas nominated as improving shows:

- Affect, which is defined as including self-esteem, feelings about self, identity, belief in self, emotional stability and an improved sense of independence were the most common areas of improvement for participants.
- Relationships, connections and support from others were the second highest area of improvement reported.
- Structural and status improvements such as getting or having housing (as opposed to being homeless prior to involvement with SAAP); receiving food, transport, clothing and employment/vocational changes were also reported.
- Other areas included parenting and children; skill development (living and communication); personal safety and substance use improvements.

The following quotes capture the above:

- *I don't yell at kids so much (jw12)*
- *Made friends that are not getting me in trouble with the law. (rm02)*
- *More freedom (rm06)*
- *Drug use down dramatically (nk02)*
- *Able to function better because I'm not in the situation (rm03)*
- *Emotional stuff is better, more settled, in routine, know where I am, better parenting (jw11)*

The areas identified as having got worse since engagement with the SAAP service included:

- Relationships, which included the quality and nature. Specifically this related to domestic and family violence situations, with perpetrators increasing their level of threat and intimidation.
- People's affect which involved increased stress levels and having less energy.
- Other areas mentioned by individuals included their financial situation (due to no longer being supported by a partner and being reliant on Governmental income support); access to housing (this related to the participant expecting that their housing opportunities would improve once they engaged with the SAAP service, and this had not happened); relapses in substance use patterns and parenting alone without the support of a partner.

Some quotes from participants include:

- *Current housing trouble with neighbour. (jw10)*
- *Ex partner has returned to WA and is living with us (nk01)*
- *Hanging out with people who use (rm09)*

Areas identified by participants as remaining the same since engaging with the SAAP service included:

- Practical and structural issues such as an ongoing inability to locate suitable housing due to cost and unavailability; inability to obtain or maintain employment and budgeting or managing money.
- Relationships were identified as remaining the same (which included continuing to remain problematic)

- In terms of people's affect, they noted that their motivation and capacity to maintain a routine had stayed the same.
- Other factors mentioned by individuals as remaining the same included their capacity to assert themselves, get on with others, their risk of suicide or self-harm and finally the ongoing threat to personal safety.

The following quotes highlight the above:

- *Being locked out of housing and employment opportunities (rm04)*
- *Fear the same, I still need to protect myself and need look over my shoulder (rm06)*
- *Ongoing work on motivation (nk02)*

Question nine - the factors or variables that had led to the person experiencing life as better, worse or the same. In terms of factors that led to a better experience of life since engagement with SAAP, participants reported:

- The SAAP agency intervention and support was highlighted by 19 participants. This involved receiving support, being respected by workers and treated sensitively.
- Practical assistance was named by 11 participants and this included undertaking training or employment related activities as well as obtaining stable and appropriate housing.
- Nine responses indicated that a person's affect such as feeling more confident, undertaking self care activities, reduction in isolation and believing in one's capacity to get back on one's feet were the factors that had assisted in an improved experience of life.
- Finally, other factors such as improvements in personal safety through leaving a violent relationship, receiving support and encouragement from peers and an improved capacity to parent were noted.

Participants identified the factors that had led to their life being worse since SAAP engagement as:

- Affective issues like feeling emotionally exhausted.
- Substance use patterns
- Ex partner's behaviours and responses
- The demands of caring for children
- A decrease in income levels (moving from being supported by a partner to Governmental income support)
- Returning to prison

The factors that led to life being the same for people included:

- Relationship dynamics remaining the same
- Practical experiences such as lack of access to employment, the person's management of their finances and limited access to a range of housing options.
- Substance use was also noted as an issue that had led to experiences of life being the same.

Whilst questions 7 to 9 provide contextual information in relation to the person's experiences and perceptions since engagement with a SAAP service, they do not

provide direct accounts or information about the process of getting back on one's feet or being on the pathway of self-reliance. It is recommended that these questions either be withdrawn or modified for future versions of the interview guide (see Appendix 9).

5.2.3 Questions 11, 12 and 13

These questions sought to establish the actions and strategies people have implemented to get back on their feet. These responses have been coded according to the categories Affect, Behaviours, Status/Structural and Relationships/Networks/Connections. The project team validates the strenuous and significant activities that SAAP clients undertake to get back on their feet. As is evidenced from the following data, these have correlations to outcomes and people's perception about the extent to which they feel they are on the pathway to getting back on their feet. The project team also asserts the importance of considering the context of these strategies including involvement and intervention of SAAP services, other agencies, friends and family.

Table 5-7: Actions taken to get back on one's feet

Category	Actions taken	Perceived outcomes
Affect	Assuming more responsibility for own life	Increased self confidence and esteem
	Implementing stress reduction and self care strategies	Increased motivation
	Cognitive reframing	Improved resilience
	Goal & vision setting	Enhanced sense and application of independence
		Improved stability
		Decrease in stress levels
		An improved outlook on life
		Improved problem solving skills
Behaviour	Asserting oneself and communicating needs	Improved capacity to communicate and assert needs
	Avoiding conflict	Reduction in suicidal ideation
	Improving parenting practices	<ul style="list-style-type: none"> • Improved parenting experiences • Enhanced quality of life for children
	Reduce and abstain from substance use	Reduction in or abstinence from substance usage
	Life skills improvements	
Status/structural	Undertaking vocational related activities (training, seeking employment, gaining employment)	Gaining employment
	Meeting financial responsibilities Managing money more effectively	Improved financial situations

Category	Actions taken	Perceived outcomes
Status/structural (Cont'd)	Seeking housing	Obtaining housing
	Seeking correct medical treatment	Receiving correct medical treatment
Relationships, networks, connections	Leaving violent and abusive relationships	Violence free life Increased sense of safety Improved personal safety
	Receiving support and assistance	Improved social support and networks
	Maintained, established or re- established social and support networks	

Question 12 the extent to which people believed they were back on their feet, with results showing:

22.2% report a 'little'

37.0% report 'some'

40.7% report a 'lot'

The project team believes questions 11 to 13 are important in a number of ways. In the first instance they serve to provide an overview of the types of strategies that people believe work and that they have applied in their endeavours to get back on their feet. When articulated along with the perceived outcomes, this data can serve to reinforce to participants that they are moving along the pathway of self-reliance. This can be experienced as encouragement and affirmation of the effort made. The opposite can of course be argued, in that clients who cannot name strategies they have undertaken can find this an invalidating experience. However, this research process did not encounter any participants who could not name strategies they had employed to get back on their feet. These strategies and associated outcomes provide evidence for clients of their achievements and progress towards their goals. This information also provides valuable contextual information on people's pathways to self-reliance.

The following quotes provide an insight into the way people describe what they are doing to get back on their feet:

- *Maintained contact with friends, social networks (jw13)*
- *Registration for a job support agency (rm02)*
- *Re-establishing relationship with my parents (rm01)*
- *Using outreach, having someone available to talk to (jw11)*

5.2.4 Questions 14 & 15

These questions asked participants to identify who else had helped them get back on their feet, along with nominating the amount of support they had received.

Table 5-8: Who helped people get back on their feet

Family	Friends	SAAP agency	Other agency	Other
51.9%	63.0%	100%	63.0%	18.5%

Table 5-9: Amount of support received from others

	A little	Some	A Lot	No Support
Family	14.8%	25.9%	11.1%	48.1%
Friends	7.4%	22.2%	33.3%	37.0%
SAAP Agency		7.4%	88.9%	3.7%
Other agencies (Housing Authority, Drug Treatment Agencies, Legal Services)	7.4%	3.7%	48.1%	40.7%
Other (other clients in the SAAP service, fiancé)	3.7%	7.4%	11.1%	77.8%

These questions detail information about support provided from various sources. The value of these questions in relation to measuring people's pathways to self-reliance is uncertain. It is recommended that these questions be excluded from the final interview guide. These questions are useful to evaluate service provision, but not necessarily in tracking an individual's progress in getting back on their feet.

5.2.5 Question 16.

Question 16 sought participant's views on the type of supports and help that the SAAP agency had provided to assist them to get back on their feet. Analysis of the responses shows:

Table 5-10: SAAP support that helps someone get back on their feet

Emotional support/other counselling	21	Other (<i>guidance, pushed me to change, respect, given me space, safe place, company, anger management, made me feel like I was human, they believe in me, parenting</i>)	19
Assistance to obtain accommodation	16	Advice/information	14
SAAP accommodation	9	Transport	9
Financial/material assistance	8	Family/relationship support/counselling	8
Financial counselling/support	8	Living skills	6
Advocacy	6	Obtaining/maintaining income	5
Employment/training	5	Health/medical	5
Meals	3	Domestic violence support	3
Psychiatric services	2	Recreation	2
Legal/court support	2	Sexual assault counselling	1
Pregnancy support	1	Psychological services	1
Drug/alcohol	1		

As with questions 14 and 15, this question is useful from a service evaluation perspective, whereas it has limited usefulness in relation to measuring a person's progress in getting back on their feet. It is recommended that these items be withdrawn from the interview guide.

5.2.6 Question 17

This question sought to elicit the barriers that people encounter in their attempts to get back on their feet.

Case example: The situation for SAAP clients who have co-existing mental health and problematic substance use highlights the problems people have in accessing appropriate services. One service provider gave the example of a client who after a long time of being non-compliant with medication had decided to accept anti-psychotic medication to manage the positive symptoms of schizophrenia. The woman also had a substance use problem and wanted to attend a residential rehabilitation service to address her substance use patterns. She was refused entry to the rehabilitation program on the basis that she was using mind-altering substances (the anti-psychotic medication). This left the woman unable to achieve a foundational goal (i.e. becoming illicit substance free). Clearly a pathway to self-reliance for this woman is thwarted by the service delivery model, inflexible responses to individual situations and entrenched philosophical attitudes to substance use.

Table 5-11: Barriers to getting back on one's feet

Category	Components & Themes
Affect	<ul style="list-style-type: none"> • Mental Health • Stress • Traumatic experiences
Structural/status	<ul style="list-style-type: none"> • Inadequate income • Employment opportunities (lack thereof) • Housing opportunities (cost, lack, access) • Inaccessibility of required resources (cost and waiting times) • Incongruent information provision
Relationships, connections, networks	<ul style="list-style-type: none"> • Ex Partner's behaviour • Alienation from family and supports • Family dynamics and relationship patterns • Peer pressure
Other	<ul style="list-style-type: none"> • Childhood experiences of a traumatic nature • Stereotypical views of young people • Substance use

In terms of relevance for a future interview guide, this question is essential in painting the picture of difficulties and setbacks that people can experience as they work towards getting back on their feet. It broadens out the context of not only the person's attempts to get back on their feet, but also the service delivery environment and potential constraints in facilitating an individual's progress towards self-reliance. It is

recommended that this question be modified to include scaling responses that indicate the extent of the impact of the barrier in getting back on one's feet.

This sample of quotes voices participant's concerns about barriers they face:

- *Ex partner pulling me back, as he has done for two years, he expects a reconciliation in the relationship (rm05)*
- *The cost of counselling... went to (relationship counselling), but it costs for each session. I couldn't afford to pay the bill, so I haven't been back. I'd like more counselling, it helps but I have a debt with them and I don't want to ring them back. I can't afford to pay for counselling (nk01)*
- *Memories of being bashed and raped (rm09)*
- *Heroin abuse, but that's not going to happen (rm11)*
- *Not getting enough money, not getting a house (jw07)*
- *Not sure with current plans. (rm04)*

In addition the following case studies highlight these barriers

Example: Services discussed how negative or disinterested responses from other agencies (with the Police and Centrelink being mentioned most frequently), discouraged clients in persisting in the steps and actions necessary to achieve goals related to self-reliance. For many clients they experience this as validation of their low self worth and confidence. These responses make it harder for clients to persevere to ensure they either achieve their goal or receive the necessary service or support. Related to this was the impact of bureaucratic structures on clients and the inconsistent responses that clients receive from certain agencies. This again discourages people in persevering and articulating their needs in an assertive manner.

Example: Many examples can be extricated of the impact of personal barriers on the achievement of self-reliance. Some examples were confirmed across SAAP sectors and locations. For example, people escaping violence were cited as struggling to achieve self-reliance due to the long lasting impact of this trauma on their lives, ways of being and capacity for engaging in relationships. Examples around experiences of sexual assault and abuse were also used to highlight how trauma acutely affects the way in which people can move forward in their lives. The trajectory of the impact of the trauma tends to be long term and insidious. A regional provider discussed how active mental health symptoms did not allow the pursuance of self-reliance to be a realistic goal.

5.2.7 Question 18

This question contained 35 items with scaled responses. The primary intent behind the question was to gain a sense of the type and level of support or assistance that people felt they needed to get back on their feet. People were asked to identify how much 'help' they wanted (none, some, a lot) and to nominate whether they were able to achieve the task without help. The research team was mindful of the differences between a person wanting help and needing help with particular tasks. For example a person may identify that they need help in budgeting or managing their money, however they may not want or be willing to accept help in this domain of life for a range of reasons which could include shame, embarrassment or privacy. The team also noted the importance of providing an opportunity within a set of closed questions

for participants to nominate that they were able to undertake the task without assistance.

Question 18 figured prominently in the Hierarchical Cluster Analysis group 3. The semantic and frequency analysis of the cluster indicates that question 18 measures exactly what it was intended to measure. That is, the type and amount of help, support and assistance people need to get back on their feet. This confirms that the question with the associated items are valid and the product of rigorous conceptualisation of self-reliance. The question needs some refinement in terms of relevance for all SAAP clients. Specifically, participants noted that the overall experience of undertaking the interview was positive and worthwhile. However, it was noted that some questions in the interview were not relevant for the individual. This relates to a person's circumstances such as having or not having children, English language capacity, the need to use interpreters and accessing certain services such as Child Welfare agencies, justice, educational, health and police services. It is recommended the revised interview guide (Appendix 9) be adopted, which incorporate areas such as those mentioned above that are only completed when they relate to an individual.

Analysis of the findings from cluster three shows the type of assistance people said they needed to achieve self-reliance. This includes:

- Encouragement and support to:
 - Believe in oneself
 - Be assertive
 - Solve problems as they arise
 - Cope with stressful situations
- Budgeting and money management (support and skill development)
- Transport to appointments, shopping and other business
- Assistance to find out about services, supports and resources that will assist the person get back on their feet
- Finding suitable accommodation or housing
- Preparation for a new home (connecting utilities like gas, telephone and electricity; organising furniture; white goods; paying the bond)
- Counselling and emotional support
- Employment related assistance such as getting a job, undertaking training and vocational related activities. This was not ranked as frequently as others mentioned above, but the context raised with researchers was that many people felt this was a longer-term goal and not one they could address currently. For example, some participants reported not being ready for work, but certainly wanting to work and seeing paid employment as a way to get back on one's feet in the longer term.
- Overall assistance in getting one's needs met.

5.2.8 Questions 19, 20 and 21

These questions were projective, asking participants to identify the type and amount of support they envisaged they would need when they left the SAAP agency. Question 21 asks people to describe what they wanted their life to look like in 6 months time, and the analysis of this question is incorporated into Chapters 3 and 4 of this report.

In terms of the amount of support people identified they would need, analysis shows the following:

More support 11.1%	Less support 37%	Same amount 51.9%
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The quotes about how much support participants perceived they would need post SAAP provide another layer of understanding to the above analysis.

For those people who nominated they would need the same amount of support, the following quotes clarify and add contextual layers:

- *Same, with it dropping over time.* (rm02)
- *About the same, it depends on where I go* (rm07)
- *Same, it is important to know that the support is there and available, even if it isn't used.* (rm03)
- *Still some support, depends on the circumstances* (nk01)

For those people who nominated they needed less support, the following quotes provide further contextual information:

- *Less support, but unsure, may need more* (jw08)
- *Hopefully less support* (jw11)
- *Hopefully less* (rm06).
- *Could be less, I will be more independent* (rm05). The participant noted that they would need to take more responsibility for organising their time and routine when they became more independent from the SAAP service.
- *Less support. In the long term hoping to achieve self support* (jw10)

One person who nominated needing more support, made a comment:

- *Increasing, with more activities and more happening in my life* (rm11)

To summarise, the projected sense of the amount of support needed post SAAP is contextually located and as participants highlight, dependent on a range of factors being in place.

Table 5-12: The types of support people need post SAAP included

Other (<i>needing lots of support; knowing that they are there; keeping in touch; the worker is like a friend and other friends are too busy; child care; police due to their attitudes (towards domestic violence survivors); having someone to sound things out with; social support; self harming; give some direction when it is needed;</i>)	15	Emotional support/other counselling	13
Financial counselling/support	7	Drug/alcohol	5
Advice/information	3	Assistance to obtain accommodation	3
Employment/training	3	Transport	3
Family/relationship support/counselling	3	Living skills	3
Financial/material assistance	2	Psychiatric services	2

Legal/court support	2	SAAP accommodation	1
Advocacy	2	Pregnancy support	1
Psychological services	1	Meals	1
Domestic violence support	1	Health/medical	1
Retrieval/storage of personal belongings	1		

The above table highlights the importance of participants '*knowing that they are there*', is a key issue for people when they leave SAAP. This was anecdotally reported to the researchers on many occasions and has led the team to consider the issue of protective factors that guard against future experiences of homelessness. A key component of self-reliance is the linkage to supportive networks (both professional and naturally occurring). It is argued that support networks act as a mechanism to contain a person in the face of adversity. These networks offer opportunities for a person to test out possible solutions to issues as well as provide advice and guidance on other ways to respond to problems. The project team understands from literature and the 27 participants in the study, that marginalisation from support systems and social isolation are common factors amongst people who experience homelessness (this is validated in the analysis of question 22 and cluster group 1).

Therefore, the importance of SAAP services providing an ongoing support role cannot be underestimated. It is important to note that the majority of participants identified they needed to know that the SAAP service was there. They often said they would not necessarily access the SAAP agency when they faced an issue, problem or crisis, but knowing the service was there often assisted them in solving the issue, without contacting the agency. This issue has direct correlation to the other highest area of support nominated by participants, emotional support and counselling. It is recommended that this question remain with modifications as it provides an important snapshot of the support that people project they will need when they exit SAAP.

5.2.9 Question 22

Question 22 was developed to quantify the pathway of self-reliance. It sought to break down the components of self-reliance and asked participants to rank their experience of the items. It is a point in time measure of the pathway to getting back on one's feet, and as a number of participants highlighted to the researchers, their response to the statement would change over time. For example, some participants highlighted that six months earlier their response would have been fundamentally different to the response they gave the research team. Conversely, other participants pointed out that in six months time they anticipated their response to certain statements would be different and reflective of their progress in getting back on their feet.

Question 22 analysis through the Hierarchical Cluster Analysis (group 2) showed that the majority of the statements are internally consistent and are measuring pathways of self-reliance. As with question 18, some items were identified by participants as not directly relevant to their circumstances. We recommend that this question be modified and specific questions about issues like children and use of English are captured in an optional part of the interview guide. The categories of structural/status; affect and relationships/networks/connections are highlighted in this question. The following table identifies the categories, components and specific areas of experience.

Table 5-13: The categories and components indicating self-reliance

Category	Component	Specific Areas
Structural/status	Employment	Finding paid work is difficult
		People are keen and willing to be in paid work
		Having paid work is seen as a way of becoming self-reliant
		People feel they are ready to work
		People believe they have the skills and qualifications to obtain employment
	Housing & accommodation	Obtaining and maintaining suitable housing is an important factor in getting back on one's feet (and staying on one's feet)
Affect	Coping & problem solving skills	People identified that they know who to turn to when they can not sort something out on their own
		They can manage problems better than 12 months ago
		Participants noted that they have learnt new skills and ways of doing things
		They can get the information they need
		People usually choose the best solutions to problems they face
		Adjustment to changed situations is a key to getting back on one's feet
		People noted they are able to persevere in the face of adversity
		They can think of different ways to solve problems or difficulties
		People can usually find solutions to problems or overwhelming situations
	Beliefs	People believe they can get back on their feet
		They believe there is a way out of every situation
Relationships, networks & connections	Connections	People expressed a sense of being well connected to the important people in their life.

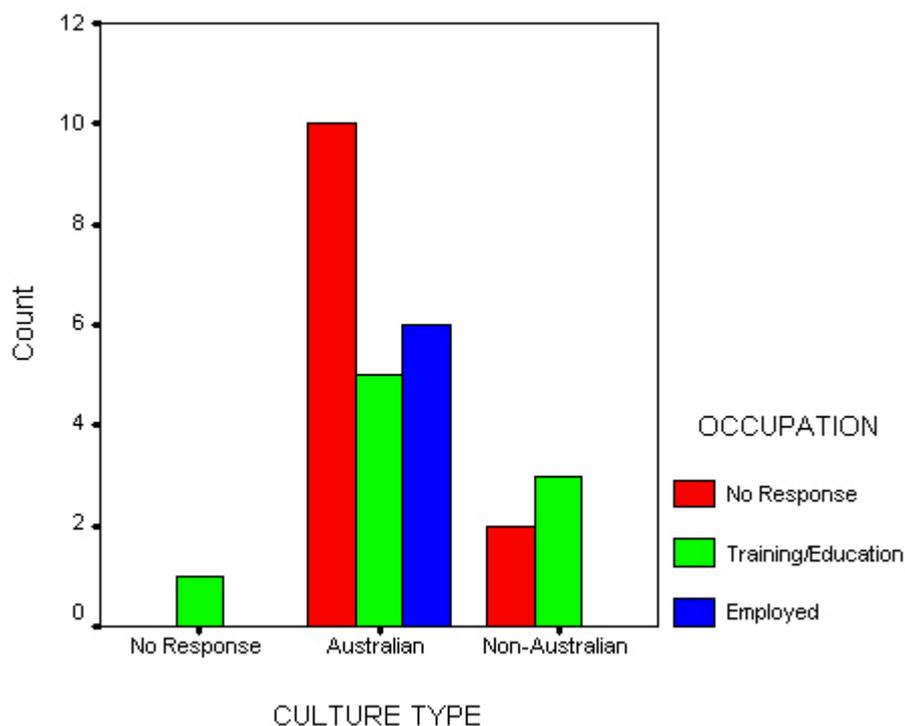
A number of the components and specific areas mentioned above are also the factors that are seen as barriers to self-reliance. For example, obtaining suitable employment and housing are seen as two key factors that facilitate a person's pathway in getting

back on their feet. These are also two factors that are identified as barriers to getting back on one's feet, when one cannot obtain access to these.

5.2.10 Question 23

This question sought basic demographic data with details of findings provided in previous sections of the report and below. Whilst the data does not have direct relevance for measuring and understanding an individual's pathway of self-reliance at this stage, useful correlations may be drawn when a large sample is employed in this research.

Figure 5-1: Cultural identification and employment status of participants



The final part of question 23 asked participants if they wanted to share anything else about their experience of getting back on their feet and analysis shows a limited number of comments were provided. The following quotes highlight this:

- *I realise that I am on the right pathway in my life (jw13)*
- *Getting my needs met takes time, there is no hurry. Makes things clearer by talking (rm04)*
- *It's being relaxed and on the ball, sticking to things, sticking to budget, finding full time work and not having to have two casual, part time jobs that don't pay (nk03)*
- *Managing well, but if I do fall again I will have people to give me moral support (jw06)*
- *I'd be very happy if I got a house because that would really help me get back on my feet (jw05)*
- *I can't wait to get my unit and have a job at (xxx) so that's a confidence boost (jw04)*
- *Getting control and being my own person again (rm06)*

- *Everyone should get help. If someone feels they need help they should get it, but asking for help is a big deal, it feels like a failure. I've felt like a loser asking for help. It's difficult for a lot people (men) to ask for help. (nk01)*

5.2.11 Hierarchical Cluster Analysis group 1

The final level of analysis to be discussed is a finding from the Hierarchical Cluster Analysis (group 1), which showed that those people who perceive they are getting back on their feet are more likely to be:

- Supported by family and friends
- Report they can access family and friends for help or support when they need it.
- Identify they require assistance with emotional support and counselling.

5.3 Reflections on interviewing people experiencing homelessness

The process of interviewing participants was noted by all researchers as significant and having varying degrees of impact. As mentioned earlier all of the researchers are experienced practitioners within the homelessness field. As such, the researchers identify as resilient, competent Social Work practitioners who have all faced numerous critical incidents in service delivery settings, as well as working with a significant number of clients with high level and complex presentations.

The researchers identify that they were emotionally impacted upon by hearing the participant's stories of resilience, hope and self-reliant behaviours. A large number of the participants in the study faced significant adversity leading up and prior to their engagement with the SAAP service, yet the majority were able to identify pathways of hope and vision for their future. This is often an under-reported factor in homelessness experiences. Further discussion of this will occur under 'Identifying Pathways of Self-reliance'.

The researcher's experiences highlight the importance of having interviewers who

- Have experience of working with people with marginalised and possibly traumatic experiences.
- Have advanced interpersonal skills
- Are committed to providing opportunities for the voice and experience of people who are disadvantaged to be made public.

5.4 Summary

This chapter has identified the findings of testing the validity of the interview guide, as well as provide the emerging findings from interviewing 27 people. In summary, the components of getting back on one's feet in the sample group include:

- Having paid work
- Seeking paid work
- Having the skills and qualifications to obtain employment
- Obtaining and maintaining suitable housing and accommodation
- Having robust coping skills
- Problem solving abilities
- Believing that one can get back on one's feet

- Being connected to others
- Knowing that there is someone available to offer support or guidance if needed

The kind of assistance, support and help that facilitates self-reliance includes:

- Encouragement and support
- Counselling
- Budgeting
- Transport
- Obtaining housing and accommodation
- Preparing for a new home
- Employment related assistance
- Social support (expressed as 'knowing someone is there').

6 GOOD PRACTICE MODELS

Information on good practice models for the promotion and facilitation of self-reliance amongst homeless people was drawn from the literature and canvassed with service providers and SAAP clients. Literature indicated a split in thinking about best or good practices that address homelessness. Inherent in some of this work was the assumption that addressing the causes of homelessness would reduce the likely incidence of recurrent homelessness. Specifically, the literature shows that a 'housing first' or a 'concurrent support model' are advocated, particularly in the USA. In summary, the housing first approach argues that people should be housed before any other issues that are present are attended to. The concurrent support models suggest that the plethora of issues that are present when people present for assistance should be dealt with concurrently.

(www.beyondshelter.org/aaa_initiatives/ending_homelessness.shtml;
www.housingplusservices.org/cohen.htm).

SAAP service providers indicated that the concurrent model of support and response was the most desirable, and the one they utilised in their agencies. SAAP clients were not specifically asked their preference for the model of support.

Findings from this research indicate that a good practice model of facilitating self-reliance in SAAP clients would include principles that underpin and guide service delivery, as well as grounded practices. The following information builds the framework of a good practice model for supporting client's getting back on their feet.

6.1 Principles for the promotion of self-reliance

The principles for the promotion of self-reliance in a good practice model incorporate trusting professional relationships between workers, agencies and clients; client centred service delivery and understandings about self-reliance. Accordingly, the components of these domains are described below.

Service Providers emphasised that at the foundation of all effective interventions is a trusting professional relationship between the worker and client. Agencies act as a conduit for this professional relationship. This has direct relevance to specific practices that will be discussed below. The centrality of this principle cannot be underplayed and was the focus of many discussions in consultations. The professional relationship is seen as the container in which client goals can be articulated, achieved and reviewed. Similarly service providers argued that a solid professional relationship allows for accurate assessments of client situations to be undertaken.

Other principles of service delivery that directly related to the centrality of a professional relationship included:

- Clearly articulating agency expectations of clients (may be related to agency guidelines/rules, timeframe in which the client can expect services to be delivered, case management processes and practices).
- Creating opportunities for clients to articulate their expectations of service delivery. (This may be framed within goal setting or case management processes.)
- Respectful responses and approaches to clients.

A cluster of principles emerged that relate to client centred service delivery. In essence these refer to assessing for, and believing in, the client's capacity, existing strengths and skills. This led service providers to comment on the importance of

'journeying' with clients. This in effect means walking alongside clients and seeing that their trajectory of change or self-reliance is multi-dimensional. This journeying is undertaken within non-judgemental principles and actions. The promotion of client ownership of issues, experiences, behaviours and pathways to change was advocated by service providers. SAAP clients identified the importance of having someone who believed in their capacity to get back on their feet.

The following principles relate to underpinning assumptions, beliefs and understandings necessary to facilitate people's progress in getting back on their feet.

- Recognition that the pathway to self-reliance is multi-dimensional, often discontinuous and contextually driven.
- Continued engagement with a service, though outreach support or return to a service is a positive sign of self-reliance.
- Self-reliance involves journeys of healing, recovery and learning.
- Within SAAP, dependence and self-reliance can be considered as separate and yet simultaneously related concepts. They are best understood as complex, multi-dimensional and context driven concepts.
- Long histories of institutionalisation can impact on a client's pathway to self-reliance.
- Slow, incremental progress towards self-reliance should not be seen as failure to achieve.

The following composite case study picture highlights the above points:

This case study is a composite picture of clients with co-existing mental health and problematic substance use patterns. Service Providers identified that these conditions (particularly when experienced in tandem) are highly debilitating and lead to exclusion from many SAAP and non-SAAP agencies. Clearly, clients with these issues who are homeless (or at risk of homelessness) are also predisposed to lapse for one or both conditions. Factors such as non-compliance with medication and treatments, using illicit substances on top of prescribed medication or using substances excessively can all lead to lapse for individuals. Service providers argued that journeying alongside clients with these types of needs was essential if self-reliance or positive change were to be achieved. Additionally, it was noted that any steps to self-reliance would necessarily be incremental, yet important for the individual.

6.2 Practices that promote self-reliance

As with principles, a broad range of practices were identified by service providers which were categorised as client intervention and service delivery model practices. The central practices highlighted were the building and maintaining of a professional relationship between the worker, agency and client. Some specific practices employed by agencies in providing good practice models of delivery included:

- Modelling appropriate behaviours and problem solving techniques
- Challenging incongruence (this was often related to situations when clients set goals, yet made lifestyle choices that interfered with attainment of the goal)
- Reflecting on changes and behaviours (it was noted that there are times when the SAAP agency is the major support in a person's life, therefore reflecting back to the client changes and different behaviours was seen as an affirming and potentially challenging practice)

- Coaching (seen as related to all the above)
- Providing guidance or direction
- Facilitating connections, reducing social isolation
- Anger management skill development
- Having clear boundaries between workers and clients
- Using narrative and mapping techniques to assist clients to get a visual and verbal picture of their current situation and desired situation. It was suggested by an Indigenous service provider that this was a culturally appropriate way of working.
- Using assessment of the client's existing skills and knowledge as a basis for case management planning and intervention.

Some specific practices related to models of service delivery included:

- Creating a non-institutional environment for clients
- Providing opportunities for clients to develop or enhance life and social skills. In some instances, providers argued that this was best provided in the SAAP accommodation, whereas others argued this skill development should take place in-vivo or in the client's chosen environment
- Ensuring there was a 'no blame or judgement' attitude displayed when clients sought re-entry to services (good practice framed return to the service as evidence of change occurring)
- Timely response by the service to client requests or needs
- Titration of support as the client situation changed (this allows for intensive support to be provided when required and support to be reduced when clients are managing well)
- Provision of a safe place
- Case management and planning practices
- Skilled staff, who have the time to listen to clients

To summarise, the following table shows at a glance the principles and practices that comprise good practice by SAAP services to facilitate an individual getting back on their feet:

Table 6-1 Good practice model for promoting self-reliance

Principle	Feature
Professional, trusting relationship between work and client	The agency is the conduit for the working relationship
	The relationship provides a container for client goals to be articulated, achieved and reviewed
	The relationship provides an environment in which accurate client assessments can be made
	Agency expectations of clients are best articulated within a professional relationship
	Clients have more freedom in articulating their expectations of

	their agency within a professional relationship
	Respectful interactions underpin a professional relationship
Client centred service delivery	Assessing for and believing in client capacity (someone who believes in me)
	Journeying alongside clients
	Assessing for existing strengths, skills and knowledge
	Non judgemental approaches
	Client ownership of all intervention and assessment processes
Underpinning assumptions, beliefs and understandings about self-reliance	The pathway to self-reliance is multi-dimensional, often discontinuous and contextually driven
	Ongoing engagement with SAAP can be an indicator of self-reliance
	Self-reliance involves journeys of healing, recovery and learning that are located in individually defined timeframes
	Dependency and self-reliance are not oppositional concepts
	Institutionalisation can impact on self-reliance
Practices	Feature
Client intervention	Modelling
	Challenging incongruence
	Reflecting
	Coaching
	Guiding/giving direction
	Reducing isolation
	Skills development
	Narrative, mapping
	Assessment
	Clear boundaries
Service delivery	Non institutional environment
	Skills focus
	Non judgemental
	Timely response
	Titration of support
	Safe environment
	Case management
	Skilled staff

7 RECOMMENDATIONS

Given that this has been an exploratory study, identifying emergent factors related to self-reliance in SAAP, the research process has identified a range of recommendations for ongoing research and operationalising self-reliance in the SAAP context. The testing and refining of the interview guide as well as the process of recruiting and interviewing people for this exploratory study has also identified recommendations for any further interviewing within the SAAP sector. Recommendations are listed below, under the headings of chapters they relate to. Before outlining specific recommendations, the research team also wishes to emphasise one overall recommendation.

It has been widely documented within the SAAP and homelessness literature that SAAP clients commonly experience a high and complex level of need in relation to their pathways into and out of homelessness. As would be expected, a large proportion of the participants interviewed in this study faced significant adversity leading up to and prior to their engagement with SAAP services. The researchers heard participants' stories of resilience, hope and self-reliant behaviours whilst living within disrupted, unsafe or crisis experiences. The researchers were emotionally impacted upon not solely by participants' stories, but also by their ability to identify pathways towards self-reliance and their hopes and visions for the future. In our experience this is an under-reported factor in homelessness experiences.

Therefore it is recommended that mapping individual client experiences in relation to self-reliance be undertaken in ways that can identify, recognise and validate people's ability to demonstrate self-reliant behaviours within complex situations. These situations may be both prior to, or during, contact with SAAP services. We emphasise the importance of ensuring that mapping a person's progress in relation to self-reliance needs to capture and acknowledge what has been achieved and not focus solely on what remains to be achieved. Our experience to date indicates it is likely that a variety of self-reliant behaviour have been enacted whilst a person has been managing their circumstances prior to, or after, linking with a SAAP service.

7.1 Defining & conceptualising self-reliance

A key task of this research was to conceptualise and define self-reliance in the context of SAAP and homelessness. The research team concludes that self-reliance is definable within the context of SAAP and homelessness, provided that any definition is able to reflect the complexity of the SAAP field and the particular circumstances, aspirations and needs of individual SAAP clients. It is therefore recommended that both the *working* and *conceptual* definitions outlined in Chapter 3 be adopted.

The research team also strongly recommends that any approaches to measuring self-reliance in SAAP recognise that self-reliance is:

- appropriately conceptualised as an *individually described, multi-dimensional pathway or journey*;
- attained via a process whereby an individual moves from one position, status or situation to another over time;
- specific to each individual, so that the relevance of particular dimensions and components will vary from person to person; and
- not a linear pathway or process.

As discussed in Chapter 3, a clear theme identified at several points within this study was endorsement of the positive relationship between ongoing contact with SAAP and

other support services and progress towards self-reliance. Conclusions from this study confirmed the conclusions reported in the SAAP III evaluation that ongoing contact with, or return to SAAP services, does not indicate lack of progress towards self-reliance. The researchers strongly recommend that accessing, continued use or return to SAAP services be recognised as an indicator of a person's engagement with the task of becoming self-reliant.

7.2 The interview guide

Amendments to the interview guide arising from testing with participants have been included into the revised interview guide attached at Appendix 9. Justifications for changes to the guide were presented in Chapter 5. The following changes have been incorporated:

1. Questions 7, 8, 9, 14 and 15 have been deleted.
2. Questions related to children, use of translators and English have been separated and left identified as optional if they relate.
3. Changes to wording of some items and questions have been made as a result of implementing the guide and identifying awkward questions.
4. Formatting changes have been made
5. More categories have been imported from the SAAP National Data Collection form (i.e. questions 1, 2, 3, 4, 6 and 11).
6. Categories of response have been added to questions 10 and 12. These categories are based on the findings of this study, highlighting the factors that promote and indicate self-reliance.
7. Given that a number of participants and service providers told the researchers that the nature and type of contact with other agencies acted as a barrier to self-reliance, this has been established as a separate set of questions (13 and 14). These questions were previously contained in question 18.
8. Scaling responses added to question 12.

In summary, the revised interview guide includes more closed item questions that will allow statistical analysis. The first interview guide contained 16 open ended questions. The revised version has 5 open-ended questions. In terms of data analysis this means that large-scale collection will be possible, with a small amount of qualitative, thematic analysis being required. It should be noted that the initially large amount of open-ended questions paved the way for identifying the components and dimensions of self-reliance.

As has been stated throughout this report, a revised interview guide still needs to be tested for validity. The early signs are that this tool is valid and indicates that components of self-reliance are being measured. The following statement from the data analysts who undertook quantitative analysis indicates a bigger sample group will not only provide data on people's progress in self-reliance, it will also further test the instrument.

Analysis of the data from the current study has shown the data collection methods and tools produced data that is internally reliable and has content validity within the constraints of the sample size and analytic methods applied. Consequently, there is merit in expanding the current investigation both in terms of sample size and the range of subjects studied. Apart from improving the 'generalisability' of findings, an increased amount of data would enable application of hypothesis

testing techniques in comparison to the exploratory techniques reported above. The objectives of a more comprehensive investigation could concern:

- *Refinement of the existing data collection tool into a calibrated instrument or scale.*
- *Empirically (statistically) validating a theoretical model (of self-reliance).*

Attainment of these objectives would require a sample size of at least 100 and preferably around 200. Instrument refinement would apply the Rasch model analyses currently used in cutting edge Health, Education, Psychology and Business research.

(Cavanagh & Romanoski, March, 2004)

See Appendix 10 for biographical details on the data analysts.

7.3 Interview strategies

It is recommended that interviews are undertaken by research teams external to the SAAP agencies. The primary reason behind this recommendation is to ensure that the data collection workloads of SAAP workers are not extended any further.

We also recommend interviewers employed to undertake further testing of the interview guide are people who:

- have experience of working with people with marginalisation and trauma;
- have advanced interpersonal skills; and
- are committed to providing opportunities for the voice and experience of people who are disadvantaged to be made public.

In terms of recruiting research participants, we recommend that the SAAP agencies be again utilised as the main conduit for access to participants. However, recruitment should also be sought by providing posters about the research for display at agencies. It is suggested that the recruitment phase be extended over a number of months, to ensure a broad range of SAAP clients can be incorporated into the research process. This extra recruitment step opens up opportunity for clients other than those the SAAP agencies nominate to express interest in participating. This also means that a cross section of experiences of self-reliance can be incorporated into the research.

We believe that a future sample should be representative of the SAAP population in terms of client type/presenting reason, along with ensuring the sample is drawn from metropolitan and regional areas. The method of administration should include one to one interviews as well as focus groups.

7.4 Exploring the links between self-reliance and SAAP case management

Throughout the course of this research project, the team has identified that there are clear links between:

- the components of self-reliance;
- the strategies employed to achieve self-reliance; and
- case management techniques, strategies and processes.

The full extent of these links has not been explored, due to the specific focus of the research and ultimately the scope of the project. However, it is recommended that this

be an area of future investigation, particularly as SAAP workers and agencies are well placed to maximise an individual or family's pathway of getting back on their feet.

To ground this discussion, this study identified not only the areas of support needed to achieve self-reliance, but also the components of self-reliance. These areas overlap considerably and have the potential to be incorporated into case management planning and support to enhance people's progress in getting back on their feet.

7.5 Recommendations for Project Two: 'Tracking & Mapping'

At the commencement of this study, it was proposed that a second stage, longitudinal 'tracking and mapping' project be undertaken to explore pathways towards self-reliance among a sample population who cease to be SAAP clients. It was anticipated that this second stage project would follow-on from this study. The research team recommends that this study proceed, and that the following areas be incorporated into the study design and aims for Project Two.

7.5.1 Stability & Resolution

As reported in Chapter 3, conclusions from this research suggest that *stability* and *resolution*, as components of self-reliance, may be particularly significant for people during the initial stages of their journeys towards self-reliance. Both of these components were identified as relevant to more than one dimension of self-reliance.

The limitations of sample size, timeframe and the specific focus of this study precluded further exploration of these components within this study. The research team recommends therefore that the relevance of *stability* and *resolution*, as components of self-reliance, be explored in the proposed second stage 'Tracking and Mapping' project.

7.5.2 Additional dimensions and components

Whilst the research team is confident that the dimensions and components of self-reliance proposed in this report are relevant to the SAAP clients who participated in this study, it is also possible that additional dimensions and components relevant to people's pathways towards self-reliance, will be identified through Project Two. It is therefore recommended that the follow-on study enables additional dimensions and components, emerging from the tracking and mapping process, to be incorporated into a further refinement of the definitions outlined above.

Recommendations noted under 7.6.2, 7.6.3 and 7.6.4 may also inform Project Two.

7.6 Recommendations for future research

7.6.1 Indigenous peoples or communities

A significant limitation of this study is that it has not explored self-reliance from the perspective of Indigenous peoples or communities. We strongly recommend that future research be undertaken to explore, unpack and articulate self-reliance as it applies to Indigenous people in urban, rural, regional and remote settings. The findings from this research could be used as a framework to undertake initial consultations with Indigenous service providers, individuals and communities. This is particularly important, given the over-representation of Indigenous people within the SAAP population.

7.6.2 Former SAAP clients

Another limitation of this study has been its focus on current SAAP clients. Whilst the proposed second project will longitudinally 'track and map' people's progress towards

self-reliance during and after engagement with a SAAP service, we emphasise the importance of understanding what happens to people when they have left the SAAP system. This will include understanding the reasons why people return to SAAP, their support needs (met and unmet), as well as testing out the dimensions and components of self-reliance that have come to light in this study. Clearly, any guides or instruments developed for this population will vary from that developed and modified for this project.

7.6.3 'Short stay' SAAP clients

The research team has also been alerted to the range of SAAP clients, including those that stay in SAAP for periods under one week (anecdotally referred to as 'short stay clients'). In the study sample for this research, one of these clients was interviewed. Many SAAP service providers indicated that they would not refer clients to the project who they identified were not suitable based on either their level of disturbance (i.e. in crisis) or the progress that the providers assessed the clients had made in terms of getting back on their feet. Clearly, this indicates selectivity by the providers, yet one that the research team understands and endorses to an extent. If the experience of getting back on one's feet is to be fully understood, then research must be undertaken with clients in crisis and who engage with SAAP services for short periods of time. This may of course not be the same group (i.e. there are marked differences between clients that use SAAP for respite and those who are new to a service, in crisis and experiencing a degree of emotional disturbance). We suggest that this type of research would best be framed in an ethnographic and action research methodological approach. It would require researchers to be located within agencies in order to build the trust of this client group and to easily access participants.

7.6.4 Risk factors and protective factors

The issue of protective and risk factors in relation to homelessness and its relationship to self-reliance and resilience emerged during this project. Further research in this area has broader implications beyond the concept of self-reliance, and has distinct parallels. Given that there appears to be rhetorical and programmatic focus on early intervention and prevention across SAAP and human services generally, we strongly recommend that research be undertaken to explore:

- The risk factors inherent in first time and ongoing experiences of homelessness.
- The protective factors that reduce vulnerability to homelessness (both first time and ongoing).
- The concept of resilience in homelessness (incorporating self-reliance and risk and protective factors).

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9 APPENDICES

9.1 Information to Service Providers



Faculty of Education, Language
Studies & Social Work

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An invitation to SAAP service providers to share your collective wisdom

Self-reliance and SAAP:

What does it mean? How can it be achieved?

What is this project about?

The Australian Government Department of Family and Community Services (FaCS) has commissioned the Australian Housing and Urban Research Institute's (AHURI) Western Australian Research Centre to explore the concept of self-reliance in SAAP.

The research involves:

- Developing a better understanding of what self-reliance means in SAAP through discussions with service providers and clients of SAAP services.
- Documenting models and examples of good practice in building self reliance in people who have experience of homelessness
- Developing and testing a survey instrument that assesses self reliance in SAAP clients, and
- Developing a definition of self-reliance that incorporates a literature review as well as the views of SAAP service providers and clients.

Who is doing this work?

The project is being undertaken by Nola Kunnen, Trevor Lee and Robyn Martin, who are based in the Department of Social Work and Social Policy at Curtin University. All three have a long history of involvement with SAAP, homelessness, community and

social housing issues. Nola Kunnen is also the Director of the AHURI WA Research Centre.

Where does self-reliance fit in SAAP?

One of the four National Outcomes identified in the National Strategic Plan SAAP IV 2000-2005 is to *promote self-reliance choice and independence*. The overall aim of SAAP also focuses on *...helping people who are homeless, or at imminent risk of homelessness, to achieve the maximum possible degree of self-reliance and independence* is at the heart of the overall aim of SAAP. In addition, one of the four National Outcomes identified in the National Strategic Plan SAAP IV 2000-2005 is to *promote self-reliance, choice and independence*.

How does SAAP define self-reliance?

Despite the central importance of self-reliance in SAAP's aims and planning documents, there is no definition of the concept in key Program documents, nor any identified methodology or process to assess the extent to which former SAAP clients have achieved self-reliance and independence.

Why are we approaching you?

Staff who work with SAAP clients have detailed knowledge and a deep understanding of the issues and problems that people face when moving from crisis or transitional accommodation to independence and self-reliance. The project team has a strong commitment to ensuring that you are fully informed about the nature of this project and have every opportunity to have input into the project, as well as raise any concerns that you may have.

How will SAAP workers be involved?

There are a number of ways we would like to involve SAAP workers in this project. In particular, we would like:

- Your views on some key questions about self-reliance, such as:
 - What does self-reliance mean to you?
 - What are the key areas of self-reliance that seem critical to your clients who make successful transitions from crisis accommodation?
 - What barriers exist to you enabling clients to achieve self-reliance in the transition from SAAP to independent accommodation?
 - What approaches do you feel are most successful in promoting greater self-reliance?
Eg: outreach services, case management, providing information, skills development, practical assistance in obtaining housing or employment
 - How much of the difficulties some people have in making the transition from crisis accommodation is related to individual life skills and circumstances, and how much is related to broader structural issues (such as the affordability of housing, domestic and family violence or access to work)
- To hear your views on the directions that SAAP is taking regarding objectives such as self-reliance

- To speak with some clients in your services to assist in developing and testing a survey form that could assess the extent to which individuals are achieving self-reliance after they have left the service.

How can I have input into this project?

The project team would like to hold some focus groups with you and your professional colleagues. We anticipate that this will be done as part of peak body meetings, or on separate occasions. We will be liaising with your peaks over the next few weeks.

How long will the project run?

The project is in two parts - the first is due to be completed late February and the second part, is due in June 2004.

Will I find out the results of this work?

The project team's commitment to ongoing dialogue with service providers includes a commitment to provide feedback to you on the outcomes of the project. It would also be a strong recommendation of ours to FaCS that the report be made available publicly.

Contacts and further information

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	9266 2756	r.martin@curtin.edu.au

Launch Internet Explorer Browser.Ink
Martin Robyn

9.2 Focus Group Questions: metropolitan area focus groups

SAAP & Self Reliance Focus Groups with Service Providers

Introduce project

Project awarded to AHURI with AHURI (WA) undertaking the work.

Details on project team. (Provide cards and contact details.)

Why we as a team are interested in 'self reliance'. (Consider our involvement in SAAP, housing and homelessness, along with our desire to explore and see what opportunities for unsettling taken for granted assumptions exist and generally problematising self-reliance.)

Discuss project brief:

- Define self-reliance (literature, service providers and SAAP clients).
- Understand self reliance in SAAP
- Document existing models and examples of building or facilitating self-reliance in people who have experienced homelessness (literature, service providers and clients).
- Develop and trial a survey instrument (literature, service providers and clients).
- Two parts to the project
- Timelines (final report March, 2004 and July 2004)

Discuss why self-reliance has been selected for research attention:

- Forms part of the evaluation of SAAP IV
- SAAP Act states that the overall aim of SAAP is '*providing transitional supported accommodation and related support services, in order to help people who are homeless or at imminent risk of homelessness, to **achieve the maximum degree of self reliance** and independence.*' (emphasis added)
- Additionally, one of the four national outcomes identified in the national strategic plan SAAP IV (2000-2005) is to *promote self-reliance, choice and independence.*
- Despite all of this SAAP has not defined self-reliance.

We have designed this project to ensure that the variations and similarities within the SAAP sectors and across geographic locations are taken into account. We are holding focus groups with the Women's Refuge Group and the Council to Homeless Persons in the next few weeks. Additionally, we will be making contact with rural, remote and regional SAAP services in person to gain their views on these topics. We are also interested to find out from these consultations how and where Indigenous and culturally diverse experiences are located.

We reiterate our commitment to working alongside the SAAP field in shaping this research and the final products that are delivered to FaCS.

What are we asking of Service Providers?

- Obviously, this focus group is the first invitation we have made to you!
- Our other invitations include:
 - Your acceptance to be kept informed about the project as we progress via email
 - Providing us with feedback along the way (we anticipate this will be by email or in a small number of cases by phone).
 - Facilitate our access to clients in your agencies when it comes to the development and trialling of the survey instrument.
 - Facilitate our access to clients in your agencies when it comes to stage 2 of the project which will involve longitudinal interviews with clients on their views and experiences of self-reliance.

A form will be circulated for you to complete, indicating your willingness to engage with us on any of these levels.

Describe process for the forum today (i.e. one facilitator and one scribe). Information will then be written up, analysed and sent back to participants for comment.

QUESTIONS

Terminology/language used

- The term self reliance is obviously the one we are working with – what are your initial reactions to it?
- What other terms fit better for your agency setting?

Defining/components of self-reliance

- Brainstorm the components of self-reliance.

Practice

- Barriers to self reliance (make sure to follow up capacity building if not mentioned)
- Pathways to self-reliance (what in the experience of the participants do these look like?) **[It will be useful to try and document at least two of these pathways/stories.]**
- What practices or models support self-reliance?
- What features of self-reliance foster medium to long-term self-reliance or independence from SAAP? (If the group struggles, consider the prompts of employment, training, education, housing, self esteem, confidence, freedom from violence, better managed substance use, client capacity building).
- What part do issues like culture, gender, sexuality and age play in self-reliance?

Survey Instrument

- Given one of our next step is to develop a survey instrument that will be trialled with clients of SAAP, what domains or areas do you think should be included?
- Prompt if not mentioned:
 - Need for support post SAAP
 - Self responsible attitude
 - Life skill competence
 - Economic management skills
 - Ability to access information and resources
 - Problem solving skills
 - Social and support networks (personal and professional)
 - Perseverance
 - Resilience (or capacity to bounce back from adversity)
 - Self efficacy – belief in ability to impact on a situation
 - Self esteem
 - Living skills
 - Capacity to demonstrate socially accepted behaviours in different contexts

Other

- What themes do you want conveyed to FaCS about self-reliance in your SAAP sector?
- Anything else?

Optional

- What are the links between client capacity building and self-reliance?
- What are the barriers to building client capacity?
- What relevance does self-reliance has to your work?
- What are the ways in which self-reliance as a term, concept or framework influences your work?
- What impacts do personal and structural issues have on client's capacity to be self-reliance and or build capacity?

Reiterate

Invitation to participate – circulate forms and collect them.

Instrument.

Thanks!

9.3 Focus Group Questions – Rural/regional/remote teleconferences



Faculty of Education, Language
Studies & Social Work

GPO Box U1987

Perth WA 6845

Greetings!

Thank you for agreeing to participate in a rural, regional or remote focus group by teleconference on self-reliance within SAAP.

As discussed with you by phone, we are sending the questions we will be asking in advance so that you can give the matter some thought.

Feel free to contact us in advance of the teleconference if you would like clarification on any of the questions.

The questions will be framed around the following:

Terminology/language used

- What are your initial reactions the term self-reliance?
- What other terms fit better for your agency setting?

Defining/components of self-reliance

- Brainstorm the components of self-reliance.

Practice

- Barriers to self reliance (make sure to follow up capacity building if not mentioned)
- Pathways to self-reliance (what in the experience of the participants do these looks like?) **[It will be useful to try and document at least two of these pathways/stories.]**
- What practices or models support self-reliance?

Survey Instrument

- Given one of our next steps we are thinking about what sorts of questions to include in this instrument. Some authors and research have suggested that the following should be included – let us know what you think:
 - Support that is needed after SAAP
 - People able to assume responsibility for their lives, decisions, choices
 - ‘Self Efficacy’ – people believe in their capacity to manage issues, problems or adverse situations
 - Solid social and support networks in place
 - Self esteem and confidence
 - People have ‘life skills’, which can include:
 - Ability to access information and resources
 - Capacity to manage financially
 - Problem solving skills
 - Capacity to persevere in the face of adversity
 - Ability to apply a range of living skills to different contexts (i.e. interaction with neighbour, shopping centre, local school etc)

Other

- What themes do you want conveyed to FaCS about self-reliance in your SAAP sector?
- Anything else?

9.4 Service Providers' responses: Level of involvement

AHURI (WA) & CURTIN UNIVERSITY

An exploration of self reliance in SAAP

YOUR INTEREST IN PARTICIPATING

Service name:.....

Contact Person:.....

Phone:.....

Email:.....

Postal address:.....

I am interested in participating in the following (tick accordingly)

	Receive regular email updates on the project.
	Receiving and commenting on the write up and analysis of today's focus group
	Forming part of a consultative group (contact via email and occasionally telephone)
	My agency participating in the trial of the survey instrument
	My agency facilitating access to clients for the 2 nd part of the project (longitudinal interviews with clients)

9.5 Letter: Recruitment of participants for interviews



Faculty of Education, Language
Studies & Social Work

GPO Box U1987

Perth WA 6845

AN EXPLORATION OF SELF RELIANCE IN SAAP INFORMATION SHEET

This information sheet contains information about a project being undertaken into self-reliance in SAAP. It provides information about the project and the reason you are asked to be involved.

What is SAAP?

SAAP refers to the Supported Assistance Accommodation Program – it is a program through which Commonwealth government funds are distributed to organisations to provide accommodation and support to people who are homeless or at risk of homelessness.

Why are we approaching you?

- People who use, or have used SAAP services have important knowledge about homelessness or support and getting back on your feet, or becoming self-reliant,
- We are talking to a number of people to find out what types of assistance are most useful to help people get back on their feet after they become homeless, or move into crisis or temporary housing.

How will you be involved?

- *We are asking you to be involved in one interview so we can collect information from you. We expect this will take less than one hour.*
- *The interview includes questions about the services you use, what has helped you and how things are going now.*
- Your answers will be put together with those of other people we speak to so that we end up with the 'big picture'.
- No individual details of your situation will be passed on to anyone else or to any government department.
- Your name will not be used and you will not be identified in reports or published information. Only researchers will have access to your interview record and your privacy will be protected.

- There is no risk to you.
- Your involvement is voluntary and you can withdraw at any time – there is no penalty for not being involved.

Who is doing this work?

The project is being undertaken by researchers from Curtin University – all of the people involved in the project have experience with organisations providing SAAP services.

Contacts and further information

Nola Kunnen	9266 7185	N.Kunnen@curtin.edu.au
Trevor Lee	9450 6304	lee_phillips@iprimus.com.au
Robyn Martin	9266 2756	r.martin@curtin.edu.au

Why do this research?

The Commonwealth Department of Family and Community Services (FaCS) has commissioned the Australian Housing and Urban Research Institute's (AHURI) Western Australian Research Centre (Curtin University) to explore the concept of self-reliance in SAAP. The overall aim of SAAP focuses on *...helping people who are homeless, or at imminent risk of homelessness, to achieve the maximum possible degree of self-reliance and independence* but as yet there is no useful of self reliance in SAAP, nor any way of knowing whether people using SAAP services achieve self-reliance or independence

What will the project do?

The research involves:

- Developing a better understanding of what self-reliance means in SAAP through discussions with service providers and documenting models and examples of good practice in building self reliance in people who have experience of homelessness
- Developing a definition of self-reliance that incorporates a literature review as well as the views of SAAP service providers and clients.
- Developing and testing a survey instrument that assesses self reliance in SAAP clients

Ethics approval:

This project has approval of the Curtin University Human Research Ethics Committee.



Faculty of Education, Language
Studies & Social Work

GPO Box U1987

Perth WA 6845

**Research project:
AN EXPLORATION OF SELF RELIANCE IN SAAP**

CONSENT FORM

- I have been informed of and understand the purpose of the study
- I have been given an opportunity to ask questions about the study
- I understand I can withdraw at any time without prejudice
- I have been informed that information that might potentially identify me will not be used in reports or published material, or passed on to any government department

I agree to participate in the study as outlined to me.

Name

Signature Date

9.6 Information and Consent Form



Faculty of Education, Language
Studies & Social Work

GPO Box U1987

Perth WA 6845

INFORMATION ABOUT THE SAAP AND SELF RELIANCE RESEARCH PROJECT

Thank you for thinking about participating in the above research project. Your SAAP worker will have talked with you about what we are doing and why we are doing it. We also thought it a good idea to provide you with some written information to assist you to decide if you want to be involved in an interview.

What is the research about?

We are from Curtin University and have been given a contract by the Australian Government Department of Family and Community Services to find out what helps people to get back on their feet after they have had some changes or setbacks in their life. These setbacks are usually why people come to services like the one you are involved in at the moment.

We think that this idea of people getting on their feet after setbacks in life can be described in a lot of ways. For example, the Government Department that has funded us to do the research calls it 'self reliance', other people might call it things being different in their life, achieving goals or dreams, not needing as much help or support as before, solving problems or no longer being in crisis. With this in mind, we are keen to hear how you describe this, and will be talking about this with people in the interviews.

Being involved in the research....

We will be talking with a number of clients of the SAAP services and also the people who work at the services. Your responses and ideas will be put together with those of other people so that we end up with a big picture. None of your individual details or information about your situation will be passed on to anyone else.

If you agree to participate we would like to interview you for about one hour. Part of the reason we are interviewing people is to also make sure the questions we ask people are the best ones we can ask. This means we will also talk with you about what it has been like to be asked the kinds of questions we will be asking.

You can of course withdraw from the interview and research at any time, without any problems or questions asked.

Ethics approval:

This project has approval of the Curtin University Human Research Ethics Committee. If you have concerns or complaints about being interviewed for this project you can contact:

The Secretary, Human Research Ethics Committee
C/- Office of Research & Development
Curtin University of Technology
GPO Box U1987
Perth, WA 6845

Telephone: 9266 2784
Email: t.lerch@curtin.edu.au

If you would like further information, you can call us on the following numbers:

Nola 9266 7185

Robyn 9266 2756

We look forward to meeting you.

Nola Kunnen & Robyn Martin

6th February 2004



Faculty of Education, Language
Studies & Social Work

GPO Box U1987

Perth WA 6845

**Research project:
AN EXPLORATION OF SELF RELIANCE IN SAAP**

CONSENT FORM

- I have been informed of and understand the purpose of the study
- I have been given an opportunity to ask questions about the study
- I understand I can withdraw at any time without prejudice
- I have been informed that information that might potentially identify me will not be used in reports or published material, or passed on to any government department

I agree to participate in the study as outlined to me.

Name

Signature Date

9.7 Interview guide (as tested)

Self-reliance in SAAP - Interview Cover Sheet

Interview Code.....

Name of Interviewer:

Date of Interview.....

Participant contact details

Name.....

Address.....
.....

Phone contact.....

NOTE TO RESEARCHERS:

Ensure the Participant Code is completed on this cover sheet and on the interview record.

Please complete this cover sheet before interviewing participant.

Detach cover sheet from the interview record and forward separately to:

Nola Kunnen,

Director,

AHURI WA Research Centre

Dept of Social Work and Social Policy

Faculty ELSSW

Building 208:407

Self-reliance in SAAP -Interview Guide

Preamble

Myself and (name other researchers) from Curtin University have been given a contract by the Australian Government Department of Family and Community Services to find out what helps people to get back on their feet after they have had some changes or setbacks in their life. These setbacks are usually why people come to services like this one.

We think that this idea of people getting on their feet after setbacks in life can be described in a lot of ways. For example, the Government Department that has funded us to do the research calls it 'self-reliance', other people might call it things being different in their life, achieving goals or dreams, not needing as much help or support as before, solving problems or no longer being in crisis. With this in mind, we are keen to hear how people describe this, so we welcome you to tell us what you call it. *(Interviewer to probe with participants what they call this process and check if using the term 'getting back on your feet' is acceptable)*

In this research we will be talking to a number of people to find out what helps people get back on their feet after they become homeless and/or need the help of a SAAP service. People we will be talking with include clients of the services and the people who work at the services.

Your responses, ideas and feedback will be put together with those of other people we speak to so that we end up with a 'big picture'. None of your **individual** details or information about your situation will be passed on to anyone else. There may be occasions when we use a quote from a person to give an example of what we have found out through this research project. The quote will not identify the person.

Once we have collected information from people and written up a report we will be back in touch to share our findings with you.

INTERVIEW CODE:.....

I would like to ask you a couple of questions about your current situation and how you came to (name agency)...

1. How would you describe your current accommodation: (Prompt SAAP provided, internal, external support, non-SAAP provided). *Interviewer note: you may already know this, so just confirm it with the participant.*

(insert response)

2. How long have your been living at (name agency) *(Interviewer: it is essential that you get an estimate of time.)*

(insert response)

3. What type of accommodation did you have before you came here?

SAAP accommodation	
Non SAAP emergency accommodation	
Private rental	
Public rental	
Community housing	
Boarding house/hostel	
Purchasing or living in own home	
Car/tent/park/street/squat	
Other	

4. How long did you live there? *(insert response)*

5. How many times have you either been in SAAP/crisis accommodation or not had a place of your own in the last 12 months? *(Interviewer: prompt the type of location as well as the number of times)*

(insert response)

6. What are the main events or reasons that brought you to (name SAAP agency)?

(insert response)

I would now like to ask you about how things are going since coming to (name SAAP agency)

7. Since moving here are things getting better, worse or staying about the same for you overall?

Better

About
same

Worse

the

8. Can you tell me which parts of your life are better, worse or the same? (*Interview ensure you ask about specific areas that are better, worse and the same*)

Better:

(insert response)

Worse

(insert response)

Same:

(insert response)

9. What has happened to make things better/worse or the same for you?

Better

(insert response)

Worse

(insert response)

Same

(insert response)

These questions relate to being back on your feet (or use terminology that participant prefers):

10. Can you describe what being back on your feet (or insert terminology preferred by person) means for you?

(insert response)

11. Can you tell me what you have done to get back on your feet since coming here?

(insert response)

12. To what extent do you think you are on the pathway to getting on your feet?

A little	<input type="checkbox"/>
Somewhat	<input type="checkbox"/>
A lot	<input type="checkbox"/>

13. Which parts of your life are improving or changing for the better as a result of what you are doing to get back on your feet?

(insert response)

14. Who else has helped you to get back on your feet?

Family	Friends	SAAP agency	Other agency	Other (name)

15. How much have these people/agencies helped you get back on your feet?

Family	Friends	SAAP agency	Other agency	Other
A lot of help				
Some help				
A little help				

16 What sort of help has (the SAAP service) given you that helps you get on your feet? (Prompt for formal and informal support, relationship building, modelling of behaviours, practical assistance, emotional support, counselling, referral to other agencies, child related support, housing, employment, income, training)

(insert response)

17. What things get in the way of you getting back on your feet?

(insert response)

18. In this next part of our interview I would like to ask you about areas that people who also sometimes use these services report have helped them get back on their feet. In asking you these questions I am interested to know if you are getting help, need extra help, don't want help or feel able to do these things on your own. *(Interviewer: if an area is not applicable, note N/A)*

Area of help/support	How much help you want			You are able to do it without help
	None	Some	A lot	Yes/No
Finding accommodation				
Preparing for your new home (getting furniture and household goods, saving for the bond and rent, getting the electricity and phone connected etc)				
Learning how to cook and clean				
Budgeting and managing your money				
Gaining access, custody or contact with children				
Assistance in obtaining childcare				
Looking after children				
Transport to appointments, shopping or other business				
Getting an income (or the right income)				
Keeping your income				
Centrelink				
Department of Justice (includes prisons, courts, corrections)				
Department for Community Development				
Schools				
Health				

Area of help/support	How much help you want			You are able to do it without help
Police				
Personal safety and security				
Telling other people what you need (like friends, family, partners, children and agencies like Government departments).				
Being assertive with other people (this includes saying no when you need to)				
Getting your needs met				
Mental health support				
Finding out about services that can help you				
Building new friendships and social networks				
Keeping your friendships and social networks				
Translating or interpreting if you need help with English				
Taking care of your health (including taking prescribed medications at the right times)				
Assistance with a disability				
Counselling or emotional support				
Drug or alcohol support				
Getting a job				
Undertaking training or study				
Solving problems as they arise				
Being able to cope with stressful situations				
Persevering in difficult situations				
Believing in yourself				

19. Thinking ahead to when you leave (*name agency*), do you think you will need more support, less support or about the same amount of support?

(insert response)

20. What are the main things you think you might need help or support with after you leave the agency?

(insert response)

21. Can you describe what you want your life to look like in six months time?

(insert response)

22. The following statements are ones that we have found (through reading and talking to people) are relevant to people getting back on their feet. Tell me how accurate these statements are in relation to you getting back on your feet. (Interviewer note if not applicable)

	Rarely	Sometimes	Often
I have friends who help me when I need it.			
I feel well connected to the important people in my life			
I am able to manage my money to meet most of my needs			
I know how to get the information I need			
I know who to turn to for help when I can't find things out for myself			
My housing and accommodation arrangements stop me getting back on my feet.			
I have family who help me when I need it			
When I am faced with a problem, I think of a few different ways to solve the problem.			
Disability or health stops me getting back on my feet			
I usually choose the best solution to problems			
Having paid work is one way of getting back on my feet			
I feel ready to work			
Finding paid work is difficult for me			
When a situation changes I can adjust to it			
My income is adequate to meet my needs			
If I find myself in a situation that makes me feel overwhelmed, I can usually find a solution			
Having housing that meets my needs will help me stay on my feet			
I give up when thing seems to be going wrong			
I believe there is a way out of every situation			
Other people's understanding of my cultural needs and obligations can stop me getting back on my feet			
If my first attempts at solving a problem don't work I keep trying until I find something that works.			

	Rarely	Sometimes	Often
I feel like I can get back on my feet			
The way I handle problems is better than 12 months ago			
How I feel about myself gets in the way of my getting back on my feet			
I feel like I have learnt new skills and ways of doing things that will help me get back on my feet			
My access to public or private transport stops me getting to appointments, doing my shopping and taking care of my daily business			
The amount of childcare that I can access stops me getting back on my feet			
The contact, access and custody arrangements I have in relation to my children help me get back on my feet.			
I am able to use English to communicate my needs to people			
I have the skills and qualifications to get a job			
I am keen to be in paid work			

23. A few background details:

Gender	
Age	
Which of the following best describes your situation	Person with children
	Couple with children
	Person without children
	Couple without children
	Other (specify)
Are you current involved in:	<ul style="list-style-type: none"> • Training/education • Employment • Other (name)
Where were you born?	
What is your cultural identity?	

I asked you earlier in this interview to describe what getting back on your feet would be like for you. *(Interviewer to recount what person said earlier)*. Has anything else occurred to you since we have been talking?

(insert response)

End of interview questions on self-reliance, turn over for questions on the process of undertaking the interview.

Questions related to the process of undertaking this interview:

As we mentioned before we began this interview, we are also keen to understand what it has been like for you to complete this interview. The reason for wanting to know this is that we want to be sure that the questions we ask are the right ones to ask, including the order in which we ask them and the language we have used. Additionally, we want to know if there are some questions that are sensitive and should not be asked.

1. Can you describe what it has been like for you to do this interview?

(insert response)

2. Did we ask some questions that you think are not relevant to people getting back on their feet? (If yes, prompt for questions)

(insert response)

3. What other questions do you think we should ask people about getting back on their feet?

(insert response)

4. Were there any questions that you found invaded your privacy or were sensitive for you? (If yes, prompt which questions)

(insert response)

5. Is there anything else you want to say about this interview?

(insert response)

9.8 SUMMARY - FOCUS GROUP INPUT (DIMENSIONS OF SELF-RELIANCE)

As discussed above (Chapter 2, methodology) focus groups were convened involving SAAP service-providers. The question of defining 'self-reliance' was explored with participants at two levels.

- Firstly, participants were invited to describe what the term 'self-reliance' communicated to them, as a concept related to service delivery within SAAP
- Secondly, given that one task of this enquiry was to conceptualise and define self-reliance how, providers were asked to define self-reliance.

Participants at all three focus groups identified self-reliance as a problematic concept and term. Although specific concerns varied within the SAAP sub-sectors a common theme reflected concerns about several underlying assumptions that service-providers perceived were conveyed by the term self-reliance, as summarised below: -

Women's & Children's Refuges

Participants identified self-reliance as conveying:

- An expectation of isolation
- A lack of positive connections
- Pressure to perform

Service Providers reported:

- Many women using SAAP services are highly resourceful in difficult situations and demonstrate capacity in surviving, managing, or 'keeping it together'.
- Consequently, self-reliance cannot be defined in terms of no longer requiring SAAP services, the journey towards self-reliance for women experiencing violence may be a lengthy journey comprising many steps, and the 'revolving door' experience of women experiencing violence is often poorly understood.
- Returning to SAAP services may be a significant step in the journey to self-reliance, any step towards gaining control is a step towards self-reliance, seeking assistance in this context is not dependency.
- An important aspect of working with women and domestic violence, is cultivating a sense for women that by accessing support and assistance they are gaining greater control.
- Cultural considerations influence meanings of self-reliance and the context in which it is understood.

The Youth Sector

The Youth sector perceived that assumptions underlying the use of the term self-reliance, included:

- An unrealistic focus on independent living
- Dependence, as in using SAAP services, was being identified as negative
- Youth service-providers expressed strong concern that an expectation was being placed on SAAP service providers to somehow 'make young people self-reliant' in short timeframes (say three months).

- As they initially understood the concept of self-reliance, it was unable to capture the complexities of young people's lives.
- Youth service-providers also raised concerns that an emphasis on self-reliance (as described above) would contribute to a 'sense of failure' if young people came to regard themselves as not being self-reliant.

The Generalist Homelessness Services

Generalist service providers identified:

- The sense of self in many SAAP clients is compromised therefore the term is unrealistic.
- Clients would not perceive the term as relevant to their lives
- The term self-reliance may appear clear cut, and apparently able to be communicated in terms of people (not only SAAP clients) being well adjusted, able to look after self, but for [some Generalist] clients this is just not always relevant.
- The general community expectations of a life comprising a pathway that involves moving from school, into employment, establishing a family and having a house are not feasible for these SAAP clients.
- For many generalists SAAP clients homelessness is accompanied by poor financial and personal skills, gaps in health, limited personal hygiene, limited outlook in their expectations and inadequate ability to look after themselves (evident in their inability to clean, cook and take care of basic requirements).
- These characteristics may be associated with men who may be homeless and requiring support even though they are employed.

Focus group participants identified numerous considerations and influences to be encompassed in a definition of self-reliance, as follows:

- Alternative terminology could be interdependence and autonomy
- Self-reliance, for women escaping violence, cannot be understood as an individual in isolation.
- Self-reliance is about belonging and not being alone
- Self-reliance is experiencing well-being and enhanced self-esteem.
- Self-reliance needs to be understood as a journey and it is often a long journey – return use of SAAP does not mean dependency or absence of self-reliance. Lessening of support must be a gradual process. At the same time, the type of support requires varies along the pathway to self-reliance.
- Step One in fostering self-reliance is working with people to enable them to develop an awareness that
- They have options and supporting them to articulate these options
- Self-reliance cannot be measured as an aggregate picture; rather it is an individual journey.
- A person's self-reliance is individual and contextual

- Some people are never going to cope with life demands and the community is not open to them. The Australian community has a moral responsibility to provide support to some people with high level and complex needs.
- A high proportion of SAAP clients will always require a level of support.
- Education and training is a focus for SAAP clients, but for many, a pre-requisite is being able to engage in training is attainment of interpersonal skills development in areas including parenting, coping life-skills, financial management, personal development and behavioural change.
- Some men using generalist services are regularly employed, however, they lack life skills and ability to manage in several areas. Consequently, being employed is not necessarily an indicator of self-reliance, or an indication that less support is required.

Within the constraints and influences noted above, focus group participants then identified specific components of self-reliance relevant to each sub-sector as able to be described as follows:

Women

- Gaining a sense of control
- Interdependence is a missing link in the debate about self-reliance
- Decision making – beginning to articulate needs and asking for assistance; knowing what is needed
- Seeking to live independently
- Identifying the emergence of a 'new dream' and movement to a new/imagined future
- Imagining alternative futures - First steps may be beginning to verbalise life without violence; perceiving the 'glimmer of a way out'
- Can include receiving support from SAAP or other agencies
- Beginnings of assertiveness, initial view of options may be small
- Expressing self; women have been afraid to make choice
- Increasing confidence
- Finding her voice and choosing to self advocate
- Self-reliance does not equate with not receiving support
- Life skills competence
- Ability to access information and resources
- Perseverance
- Resilience – capacity to bounce back from adversity
- Financial capacity and skills: not blowing money on drugs; finding out how to budget;
- Being able to identify a problem and seek assistance

Youth – Self-reliance was identified by the group as contextual, fluid and always growing or developing. Key components include:

- A sense of self (esteem, confidence, awareness)

- Having the tools, skills and capacity to access services and resources
- Practical skills in negotiating to have one's needs met
- Interpersonal and relationship skills
- Capacity to integrate knowledge
- Knowing the impact of other people's behaviour on self
- Networks (having them and being able to access them)
- Having the opportunity to develop self-reliance in a supportive and trusting environment
- Learning the 'rules' and becoming self-governing.

Generalist

- Having self esteem
- Addressing the entrenched reliance on welfare
- People acknowledging they need help and are not self-reliant
- Can include receiving support from other agencies
- Assertiveness
- Expressing self
- Strong sense of self
- Free of substance dependency
- Removing oneself from the cycles that led to homelessness
- Cooking, cleaning,
- Being able to live day to day
- Maintain a house/living independently/maintaining accommodation
- Maintain personal and general cleanliness
- Communicating in relationships
- Managing anger
- Good quality relationships: boundaries, honesty, respect and acting upon these qualities within relationships
- Managing financial and parenting responsibilities
- Sense of connectedness and maintaining positive relationships

9.9 Interview Guide – Revised and Recommended

Interview Cover Sheet

Interview Code.....

Name of Interviewer:

Date of Interview.....

Participant Details

Name.....

Mailing Address.....

Phone contact.....

Note to Interviewers:

1. Ensure the Participant Code is completed on this cover sheet and on the Interview Record.
2. Complete this cover sheet before interviewing participant.
3. Detach cover sheet from the interview record and forward separately to the Chief Research Investigator.

Interview Guide

Preamble

Myself and (name other researchers) from (insert organisational name) are undertaking research to find out what helps people to get back on their feet after they have had some changes or setbacks in their life. These setbacks are usually part or all of the reasons they seek help from agencies funded by the Supported Accommodation Assistance Program (SAAP).

We think that this idea of people getting on their feet after setbacks in life can be described in a lot of ways. For example, it has been called 'self-reliance', other people might call it 'things being different' in their life, 'achieving goals or dreams', 'not needing as much help or support as before', 'solving problems' or 'no longer being in crisis'. With this in mind, we are keen to hear how people describe this, so we welcome you to tell us what you call it. *(Interviewer to clarify with participants what they call this process and check if using the term 'getting back on your feet' is acceptable)*

In this research we will be talking to a number of people to find out what helps people get back on their feet after they become homeless and/or need the help of a SAAP service. People we will be talking with include clients of the services and the people who work at the services.

Your responses, ideas and feedback will be put together with those of other people we speak to so that we end up with a 'big picture'. None of your individual details or information about your situation will be passed on to anyone else. There may be occasions when we use a quote from a person to give an example of what we have found out through this research project. The quote will not identify the person.

Once we have collected information from people and written up a report we will be back in touch to share our findings with you.

INTERVIEW CODE.....

1. What term best suits you to describe being back on your feet?

I would like to ask you a couple of questions about your current situation and how you came to (name agency)...

2. Which of the following best describes your current housing situation?

SAAP crisis/short term	<input type="checkbox"/>	SAAP medium/long term	<input type="checkbox"/>
SAAP hostel	<input type="checkbox"/>	SAAP funded motel/hotel	<input type="checkbox"/>
SAAP community placement	<input type="checkbox"/>	Other SAAP funded	<input type="checkbox"/>
Non SAAP emergency	<input type="checkbox"/>	Living rent free in house/flat	<input type="checkbox"/>
Private rental (independent)	<input type="checkbox"/>	Public housing rental	<input type="checkbox"/>
Community housing rental	<input type="checkbox"/>	Caravan rental	<input type="checkbox"/>
Rooming house/hostel/hotel	<input type="checkbox"/>	Boarding in a private home	<input type="checkbox"/>
Purchasing or living in own home	<input type="checkbox"/>	Car/tent/park/street/squat	<input type="checkbox"/>
Other non SAAP	<input type="checkbox"/>	Hospital or psychiatric hospital	<input type="checkbox"/>
Prison/youth training centre	<input type="checkbox"/>	Other government residential	<input type="checkbox"/>
Detoxification/rehabilitation	<input type="checkbox"/>	Other institutional setting	<input type="checkbox"/>

3. How long have you been receiving support from this SAAP agency?

Less than one week	<input type="checkbox"/>	1 week to 1 month	<input type="checkbox"/>
1 to 3 months	<input type="checkbox"/>	3 to 6 months	<input type="checkbox"/>
6 to 12 months	<input type="checkbox"/>	1 to 2 years	<input type="checkbox"/>
2 to 5 years	<input type="checkbox"/>	More than five years	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	No Information	<input type="checkbox"/>

4. What type of accommodation did you have before you came here?

SAAP crisis/short term	<input type="checkbox"/>	SAAP medium/long term	<input type="checkbox"/>
SAAP hostel	<input type="checkbox"/>	SAAP funded motel/hotel	<input type="checkbox"/>
SAAP community placement	<input type="checkbox"/>	Other SAAP funded	<input type="checkbox"/>
Non SAAP emergency	<input type="checkbox"/>	Living rent free in house/flat	<input type="checkbox"/>
Private rental (independent)	<input type="checkbox"/>	Public housing rental	<input type="checkbox"/>
Community housing rental	<input type="checkbox"/>	Caravan rental	<input type="checkbox"/>
Rooming house/hostel/hotel	<input type="checkbox"/>	Boarding in a private home	<input type="checkbox"/>
Purchasing or living in own home	<input type="checkbox"/>	Car/tent/park/street/squat	<input type="checkbox"/>
Other non SAAP	<input type="checkbox"/>	Hospital or psychiatric hospital	<input type="checkbox"/>
Prison/youth training centre	<input type="checkbox"/>	Other government residential	<input type="checkbox"/>
Detoxification/rehabilitation	<input type="checkbox"/>	Other institutional setting	<input type="checkbox"/>

5. How long did you live there?

Less than one week	<input type="checkbox"/>	1 week to 1 month	<input type="checkbox"/>
1 to 3 months	<input type="checkbox"/>	3 to 6 months	<input type="checkbox"/>
6 to 12 months	<input type="checkbox"/>	1 to 2 years	<input type="checkbox"/>
2 to 5 years	<input type="checkbox"/>	More than five years	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	No Information	<input type="checkbox"/>

6. How many times have you been in SAAP, crisis accommodation or not had a place of your own in the last 12 months? (Interviewer: prompt the type of location as well as the number of times)

Number of times	Type of accommodation (including no accommodation)

7. What are the main events or reasons that brought you to (name SAAP agency)?

Usual accommodation unavailable	<input type="checkbox"/>	Eviction/previous accommodation ended/asked to leave	<input type="checkbox"/>
Time out from family/other situation	<input type="checkbox"/>	Relationship/family breakdown	<input type="checkbox"/>
Interpersonal conflict	<input type="checkbox"/>	Physical/emotional abuse	<input type="checkbox"/>
Domestic or family violence	<input type="checkbox"/>	Sexual abuse/assault	<input type="checkbox"/>
Financial difficulties	<input type="checkbox"/>	Drug/alcohol/substance use	<input type="checkbox"/>
Gambling	<input type="checkbox"/>	Emergency accommodation ended	<input type="checkbox"/>
Recently left institution (prison, hospital, etc.)	<input type="checkbox"/>	Psychiatric disability/illness	<input type="checkbox"/>
Recent arrival to area with no means of support	<input type="checkbox"/>	Moving from place to place	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

These questions relate to being back on your feet (or use terminology that participant prefers):

8. Can you describe what being back on your feet (or insert terminology preferred by person) means for you?

9. Can you tell me what you have done to get back on your feet since coming here?

10. To what extent do you think you are on the pathway to getting on your feet?

Not at all	<input type="checkbox"/>
A little	<input type="checkbox"/>
Somewhat	<input type="checkbox"/>
A lot	<input type="checkbox"/>

11. Which parts of your life are improving or changing for the better, and to what extent are they changing? *Interviewer, only rate those areas the person identifies as getting better.*

<i>Area</i>	<i>A little</i>	<i>Somewhat</i>	<i>A lot</i>
Housing/accommodation			
Employment			
Training and education			
Income			
Legal issues			
Managing your money			
Physical health			
Mental health			
Substance use			
Receiving support from family or friends			
Receiving support from a worker			
Relationships			
Family relationships and connections			
Friendships			
Parenting			
Children's quality of life			
Finding out about services and resources			
How you feel about yourself			
Your ability to solve problems			
Believing you can get back on your feet			
Persevering when things are difficult			
Being assertive			
Communicating and expressing yourself			
Your skills and knowledge			
Being able to adjust when things change			
Knowing where to get help			
Coping with stress and problems			
Your confidence			
Your self esteem			
Feeling safe			
Other (specify)			

12. What sort of help has the SAAP service given you that helps you get back on your feet?

SAAP accommodation	<input type="checkbox"/>	Assistance to obtain accommodation	<input type="checkbox"/>
Obtaining/maintaining income	<input type="checkbox"/>	Employment/training	<input type="checkbox"/>
Financial/material assistance	<input type="checkbox"/>	Financial counselling/support	<input type="checkbox"/>
Sexual assault counselling	<input type="checkbox"/>	Domestic violence support	<input type="checkbox"/>
Family/relationship support/counselling	<input type="checkbox"/>	Emotional support/other counselling	<input type="checkbox"/>
Psychological services	<input type="checkbox"/>	Psychiatric services	<input type="checkbox"/>
Living skills	<input type="checkbox"/>	Pregnancy support	<input type="checkbox"/>
Family planning support	<input type="checkbox"/>	Drug/alcohol	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>	Intellectual disability	<input type="checkbox"/>
Culturally appropriate support	<input type="checkbox"/>	Interpreter services	<input type="checkbox"/>
Meals	<input type="checkbox"/>	Laundry/shower	<input type="checkbox"/>
Recreation	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Legal/court support	<input type="checkbox"/>	Health/medical	<input type="checkbox"/>
Advice/information	<input type="checkbox"/>	Brokerage	<input type="checkbox"/>
Retrieval/storage of personal belongings	<input type="checkbox"/>	Advocacy	<input type="checkbox"/>
Gambling support	<input type="checkbox"/>	Immigration	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

13. To what extent do the following get in the way of you getting back on your feet?

<i>Area</i>	<i>A little</i>	<i>Somewhat</i>	<i>A lot</i>	<i>Not at all</i>
Housing/accommodation				
Employment				
Training and education				
Income				
Legal issues				
Managing your money				
Physical health				
Mental health				
Substance use				
Receiving support from family or friends				
Receiving support from a worker				

<i>Area</i>	<i>A little</i>	<i>Somewhat</i>	<i>A lot</i>	<i>Not at all</i>
Relationships				
Family relationships and connections				
Friendships				
Parenting				
Children's quality of life				
Finding out about services and resources				
How you feel about yourself				
Your ability to solve problems				
Believing you can get back on your feet				
Persevering when things are difficult				
Being assertive				
Communicating and expressing yourself				
Your skills and knowledge				
Being able to adjust when things change				
Knowing where to get help				
Coping with stress and problems				
Your confidence				
Your self esteem				
Feeling safe				
Past events and memories				
The services you need not being available to you (cost, waiting times)				
Other people's behaviour				
Not feeling safe, or being threatened				
Other people's stereotypical views of you				
Other (specify)				

14. Some people say that their dealings with organisations can stop them getting back on their feet. Is this your experience:

Not at all	<input type="checkbox"/>	Go to Q15
A little	<input type="checkbox"/>	
Somewhat	<input type="checkbox"/>	
A lot	<input type="checkbox"/>	

15. How much help do you need when you have to deal with the following agencies?

Agency area	How much help you need			
	None	A little	Some	A lot
Centrelink				
Prisons and community corrections (parole, probation etc.)				
Child welfare				
Education and Training				
Health (Doctors, hospitals, clinics)				
Police				
Other (specify)				

16. Thinking ahead to when you leave the SAAP agency, do you think you will need more support, less support or about the same amount of support?

More support	<input type="checkbox"/>	Less support	<input type="checkbox"/>	Same amount	<input type="checkbox"/>
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17. Which of the following do you think you will need help or support with after you leave the agency?

Housing	<input type="checkbox"/>	Employment	<input type="checkbox"/>
Training/education	<input type="checkbox"/>	Income	<input type="checkbox"/>
Managing your money	<input type="checkbox"/>	Legal	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Substance use	<input type="checkbox"/>	Emotional support	<input type="checkbox"/>
Relationships	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Friendships	<input type="checkbox"/>	Family connections	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	Children's quality of life	<input type="checkbox"/>
Finding out services and resources	<input type="checkbox"/>	How you feel about yourself	<input type="checkbox"/>
Your ability to solve problems	<input type="checkbox"/>	Believing you can get back on your feet	<input type="checkbox"/>
Your persevering when things are difficult	<input type="checkbox"/>	Being assertive	<input type="checkbox"/>
Communicating and expressing yourself	<input type="checkbox"/>	Your skills and knowledge	<input type="checkbox"/>
Being able to adjust to change	<input type="checkbox"/>	Knowing where to get help	<input type="checkbox"/>
Coping with stress and problems	<input type="checkbox"/>	Confidence	<input type="checkbox"/>
Self esteem	<input type="checkbox"/>	Domestic or family violence support	<input type="checkbox"/>
Having someone to sound things out with	<input type="checkbox"/>	Getting some advice or information	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

18. Can you describe what you want your life to look like in six months time?

19. In this next part of our interview I would like to ask you about areas that people report have helped them get back on their feet. In asking you these questions I am interested to know if you are getting help, need extra help, don't want help or are able to do these things without help.

Area of help/support	How much help you want			I am able to do this without help
	None	Some	A lot	Tick
Finding suitable accommodation or housing				
Preparing for your new home (getting furniture and household goods, saving for the bond and rent, getting the electricity and phone connected etc)				
Cooking and shopping				
Washing, cleaning, looking after yourself				
Budgeting and managing your money				
Getting to appointments, shopping or other business (transport)				
Getting an income (or the right income)				
Keeping your income (i.e. avoiding breaches)				
Personal safety and security				
Telling other people what you need (like friends, family, partners, children and agencies like Government departments).				
Being assertive with other people (this includes saying no when you need to)				
Getting your needs met				
Mental health support				
Finding out about services that can help you				
Building new friendships and social networks				
Keeping your friendships and social networks				
Taking care of your health (including taking prescribed medications at the right times)				
Assistance with a disability				
Counselling or emotional support				
Drug or alcohol support				
Getting a job				
Undertaking training or study				
Solving problems as they arise				
Being able to cope with stressful situations				

Area of help/support	How much help you want			I am able to do this without help
	None	Some	A lot	
				Tick
Persevering in difficult situations				
Believing in yourself				

20. Tell me how accurate these statements are in relation to you getting back on your feet.

	Rarely	Sometimes	Usually
I have friends who help me when I need it			
I feel well connected to the important people in my life			
I am able to manage my money to meet most of my needs			
I know how to get the information I need			
I know who to turn to for help when I can't find things out for myself			
My housing and accommodation arrangements stop me getting back on my feet			
My family help me when I need it			
When I am faced with a problem, I think of a few different ways to solve the problem			
Disability or my health stop me getting back on my feet			
I often choose the best solution to problems			
Having paid work helps me get back on my feet			
I feel ready to work			
Finding paid work is difficult for me			
When a situation changes I can adjust to it			
My income is adequate to meet my needs			
If I find myself in a situation that makes me feel overwhelmed, I can normally find a solution			
Having housing that meets my needs will help me stay on my feet			
I give up when things seems to be going wrong			
I believe there is a way out of every situation			
Other people's understanding of my cultural needs and obligations can stop me getting back on my feet			
If my first attempts at solving a problem don't work I keep trying until I find something that works			
I feel like I can get back on my feet			
I feel able to handle problems as they arise			
How I feel about myself gets in the way of my getting back on my feet			
I feel like I keep learning new skills and ways of doing things that help me get back on my feet			

	Rarely	Sometimes	Usually
My access to public or private transport stops me getting to appointments, doing my shopping and taking care of my daily business			
My skills and qualifications are sufficient to get me a paid job			
I am keen to be in paid work			

The following two questions (21 and 22) are for people who have children, or their first language is not English. They relate to the amount of help you may need in these areas.

Interviewer: Do not complete if they do not apply to the participant.

Area of help/support	How much help you want			I am able to do this without help
	None	Some	A lot	Tick
Gaining access, custody or contact with children				
Assistance in obtaining childcare				
Looking after children				
Translating or interpreting if you need help with English				

21. Identify how accurate these statements are in relation to you getting back on your feet:

	Rarely	Sometimes	Usually
The amount of childcare that I can access stops me getting back on my feet			
The contact, access and custody arrangements I have in relation to my children help me get back on my feet.			
I am able to use English to communicate my needs to people			

22. A few background details:

Gender		
Age		
Which of the following best describes your situation	Person with children	<input type="checkbox"/>
	Couple with children	<input type="checkbox"/>
	Person without children	<input type="checkbox"/>
	Couple without children	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>
Are you current involved in:	<ul style="list-style-type: none">• Training/education• Employment• Other (name)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Where were you born?		
What is your cultural identity?		<input type="checkbox"/>

23. Is there anything else you would like to say?

9.10 Data Analysts Biographies

Dr. Joseph T. Romanoski

BA, Grad Dip Business Administration, Grad Dip Computing, MEd (Hons), PhD

Dr Romanoski is an Australian Research Council funded Research Associate in the Curtin University of Technology Department of Education. His research and consultancy centre on measurement - Rasch measurement and structural equation modeling (LISREL). He has national and international publications and conference papers on psychometric measurement and data analysis. Current projects include a large-scale investigation of school leadership, classroom learning and teaching, and ICT use in the Western Australian Canning Education District. Previous projects included computer-simulated testing of statistical algorithms and evaluation of computerised data analysis systems. Dr Romanoski's expertise in measurement has developed through many years of collaboration with internationally recognised psychometricians in Australia and the USA.

Dr. Robert F. Cavanagh

BEd, Post Grad Dip Sc Ed, MSc, PhD

Dr Cavanagh is a Senior Lecturer and Postgraduate Program Coordinator in the Curtin University of Technology Department of Education. He delivers Master's and Doctoral courses in research methods and educational change and innovation. The research interests of himself and of his doctoral students concern a wide range of social science issues including child protection, educational leadership, ICT learning, internet use, language acquisition, literacy, policy development and implementation, provision of psychological services in schools and school learning environments. He is a member of the Australian Association for Research in Education and of the American Educational Research Association. In the last two years he has had 30 research reports and theoretical papers published or presented nationally and internationally. These include methodological writing on the use of factor analytic techniques, Rasch model analysis and structural equation modeling (LISREL) for rating scale instrument development and validation. Researchers in other Australian states, Asia and the USA regularly seek his advice on quantitative and mixed-method research designs.

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