



BUILDING BRIDGES, BREAKING BRICKS

Impact of social street work
on marginalized people's lives

Evelien Rauwerdink-Nijland

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COLOPHON

For reasons of consistency within this thesis, some terms have been standardized throughout the text. Therefore, the text may differ in this respect from the articles that have been published.

For the people who make use of SSW, who lean on and build trusting relationships with workers in SSW and who try to conquer challenges daily, many words are used to refer to them of which I believe do not fit. I will remain my search to a word or concept(s) which satisfies all people who make use of SSW. Until that day, I will refer to them in this dissertation as marginalized people or clients (in SSW), primarily from practical considerations.

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Building bridges, breaking bricks

Impact of social street work on marginalized people's lives

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Since a few weeks, a 17-year-old Dutch boy named Peter has been sleeping in his own tent in a park. Before he slept in his tent in the park, he resided in closed youth care facilities. He eloped a few times. His 18th birthday is coming up in a few months.

His parents are divorced, and Peter is not in contact with his father. The contact he has with his mum has been difficult for years. That's also the main reason youth care is involved in the family. Peter has a younger brother. They speak to each other occasionally. Peter did not complete secondary school.

During the daytime Peter hangs out with his 'old' and 'new' friends in the park. They smoke joints during the day and during the evenings and nights they use hard drugs like XTC, GHB or 4FMP. Peter knows his old friends from primary school and these friends are aged between 15 and 18 years old. They describe themselves as misfits. They feel they do not belong to a certain group and feel ignored by other people in society. They recognize they need support to combat challenges in life, but for now they withdraw from all support offered.

Peter has known his new friends only since living in the park. These friends are older, aged from 35 years and over and they are homeless. These friends became very important to Peter because he sees them every day and they try to help him with clothes, food and money.

Youth care told Peter that if he returns to the closed youth care facility, he could stay until he turns 18. After his birthday, he would be homeless again if his mum does not take him in. Peter knows his mum will not welcome him in her house. Therefore, Peter decided to manage life by himself, also after he turns 18 years and if he must, he will sleep in a tent in a park.

The worker got in touch with Peter because the worker noticed that Peter was in the park frequently, during the morning, day, evening, and nights. The worker began making contact with Peter by nodding his head to him and after a few days, Peter and the worker began to chat.

A group of 20 to 30 people who are homeless and addicted to hard drugs reside in a neighbourhood in Amsterdam. They vary in age between 42 and 57 and have various cultural backgrounds.

Workers got to know this group because of their daily presence in the neighbourhood. Because of workers are, when necessary, in contact with the police about this group. For example when someone in this group commits an offense like urinating in public, public drug-use, or begging.

The police has announced to the group and the workers that they will respond more frequently to these types of offenses. Consequently, the people from the group have greater chances of being fined or getting arrested.

To combat these issues, workers have been combating this issue by talking and explaining to the people in the group about the police's new initiative and the potential consequences for them. Workers have intensified their presence in the neighbourhood maintain the contact with the people of this group. Workers have also offered their support to them: Is there anything they could help them with? Secondly, workers kept in contact with the police about who is getting fined or arrested. When workers are up to date, they try to support these people.

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General introduction



“It is discouraging and detrimental that people are made accountable when they fall behind or cannot combat problems in life, that they apparently have only themselves to blame” (Sandel, 2021).

Modern Western societies have become increasingly more complex, and they demand more from people in order for them to live a satisfying life. There are people who cannot hold their own and consequently are pushed to the margins of society (Sociaal Cultureel Planbureau, 2023; Andersson, 2013; van Doorn et al., 2013; Stam, 2012). When people are not able to hold their own, even with support from their social network, they can turn to professional social support. In the Netherlands, this is organized and funded by local governments. However, not all people are able to access and receive this support. Therefore, it is necessary to reach out to them to tackle the obstacles that hinder their access to support services and societal participation (Raad Volksgezondheid & Samenleving, 2023; Andersson, 2013; Baart, 2011; Runia & Hortulanus, 2010).

Societal participation can be defined as “involvement in activities providing interactions with others in the society or community” (Levasseur et al., 2010, p. 2146). For people in marginalized situations (hereafter referred to as marginalized people) societal participation is a major issue as they are frequently isolated (Rutenfrans–Stupar, 2019; van Straaten, 2016) and lack opportunities or skills to bridge the gap with society (Gaderman et al., 2021; Zlotnick, Tam & Robertson, 2003).

Social street work (SSW) is an example of a street outreach work method in social work which is characterized by long-term commitment to marginalized people and in which workers try to make and maintain contact with people, generate trust, provide practical help, make services accessible, motivate them to accept support and connect them to society to enhance their societal participation and well-being (Dewaele et al., 2021; Hill & Laredo, 2019; Andersson, 2013).

The aim of this dissertation is to provide insight into SSW, especially the working relationship between marginalized people and workers, and to determine the impact of SSW on the lives of these people in terms of their societal participation and to examine the experiences of clients’ caregivers when clients have support from the worker in SSW. This first chapter elaborates on the current social policy in the Netherlands and its consequences for providing professional support. The

chapter includes a definition of marginalized people and, also the work of their caregivers (if they have any), followed by an explanation of SSW and the current state of research on street outreach services. Finally, the chapter outlines the aim and research questions of this dissertation.

BACKGROUND

Social policy in the Netherlands

In the Netherlands, which embraces meritocratic values, the predominant belief is that someone's social-economic position is attributed to their efforts and individual characteristics (Elshout, Tonkens & Swierstra, 2016). In other words, individuals are accountable for their own situation, whether good or bad (Sandel, 2021). When people do fall behind, modern society tends to attribute this to individual factors like a lack of responsibility or a lack of motivation. Such a judgement is prompted by the meritocratic value that the position at the bottom of society must be justified (Sandel, 2021; Elshout, 2016; Engbersen, 2009).

In line with this view, the Dutch Social Support Act was introduced in 2015 (Ministerie van Volksgezondheid, Welzijn en Sport, 2015) and embraced a so-called participation society as counterpart to a welfare state. This transition to focusing on participation was marked by a change in access to support services. It is expected that people, as active and self-reliable citizens, should be able to hold their own, conceivably with support from their social network. When people do not have a social network or their social network is not able to support them, one may be eligible for professional support (Tonkens & Duyvendak, 2018). Professional support is no longer considered to be a citizen's right, but a privilege (den Draak & van der Ham, 2018).

Research such as an assessment of the Dutch Social Support Act has shown that the shift towards a participation society contains serious flaws which increase the risk of being excluded from society (Kromhout, van Echteld & Feijten, 2020), and thus excluded from rights, opportunities, and resources to achieve a decent quality of life (Wolf, 2016; Granger, 2013). The need for support is considered one's own failure, as asking for support is admitting that you cannot hold your own and are thus dependent on caregivers or professional services. From this perspective, arranging support for oneself could be a tremendously complex process (Tonkens & Duyvendak, 2018; Verhoeven & Tonkens, 2013). Someone must be able to recognize their own need for support and then, if problems still occur despite people's efforts

to overcome their problems, one must step over boundaries to ask their social network for support (Trappenburg, 2018; Kelderman, 2002).

People, however, do not always ask for support from their social network (Tonkens & Duyvendak, 2018) since they may experience feelings of shame (Trappenburg, 2018) or because of uncertainty and fear for what could happen in the process of receiving support from caregivers, e.g., that the relationship with caregivers could change (van Doorn et al., 2013). Moreover, not everyone has a naturally occurring, supportive social network (Rutenfrans-Stupar, 2019; Kelderman, 2002). Some people simply don't have a social network, whilst others may not be able to rely on this social network because relationships have been shattered due to family conflicts, or because the social network has a negative impact on them (Tonkens & Duyvendak, 2018; Mago et al., 2013; Maycock et al., 2013; Mallet et al., 2009; Tsai et al., 2009). Research has shown that when people do ask for support in their social network, caregivers might become exhausted as their burden increases and consequently their possibilities to support may diminish (Wittenberg et al., 2013). y

When the efforts of people and their social network prove to be insufficient to solve problems, one may be eligible for professional support. People do not always know where to turn to for support (Tonkens & Duyvendak, 2018). The Dutch social support system is based in the local support services provided by local governments. Citizens can turn to, for example, a social community team in their neighbourhood, which consists of a multidisciplinary team of professionals who collaborate with, e.g., general practitioners, parenting support, schools, or mental health care (Nederlands Jeugdinstituut, n.d.). These social community teams are instructed to reach out and connect with people, including marginalized people (van Arum, Broekroelofs & van Xanten, 2020). The teams employed by local governments support people in combating the challenges they experience in life (Sociaal Werk Nederland, n.d.). For marginalized people more specific and specialized support is needed as well, e.g., for their financial problems and debts, substance abuse problems and instable housing or lack of housing.

Marginalized people

People who experience difficulties in holding their own in society and do not know when and where to turn to for support are often labelled as hard-to-reach or care-avoiders. They often do not receive the support they need and tend to become further removed and estranged from society (Andersson, 2013; van Doorn et al., 2013). The lives of marginalized people show some common characteristics.

First, they have insufficient access to resources (e.g., housing, income, or work), judicial support and services that provide professional support ('S Jongers & Kruiter, 2023).

Second, marginalized people frequently face multiple, complex and strongly intertwined problems in several life domains (Kruiter & Klokman, 2016), like unstable housing or homelessness (Rauwerdink-Nijland & Metz, 2020; Winarski, 2004), intellectual disabilities (van Straaten, 2016), mental health problems (Thompson, 2010; van Laere et al., 2009), debts (Rutenfrans-Stupar, 2019; Jungmann, Wesdorp & Duinkerken, 2015), unemployment (Rutenfrans-Stupar, 2019; van Laere et al., 2009; Tyler & Whitback, 2004) and, are sometimes involved in criminal activities (Ferwerda, Beke & Bervoets, 2017; Coston & Friday, 2016; Tyler & Whitback, 2004).

Third, as mentioned earlier, marginalized people frequently have a history of unstable family life or family conflicts (Tonkens & Duyvendak, 2018; Mago et al., 2013; Mallet et al., 2009). Marginalized people must rely solely on the support of peers or do not have a social network at all (Maycock et al., 2013; Tsai et al., 2009). It could also be that the social network of a marginalized person prevents them from living independently, as the contact with the persons in their social network is dependent, conflicted, or unhealthy (Tonkens & Duyvendak, 2018).

Fourth, marginalized people experience difficulties in organizing their lives by themselves (van der Meulen, 2017; Jungmann, Wesdorp & Duinkerken, 2015). Their self-regulation (e.g., control over emotions or behavior) has been disrupted (Wolf, 2016; Baumeister et al., 2005) or they experience difficulties in long-term thinking and planning (Jungmann, Wesdorp & Duinkerken, 2015). As a consequence, they may have mental and behavioral problems (Thompson, 2010), struggle to maintain a daily routine (Szeintuch, 2015; Mikkonen et al., 2007), tend to have difficulties in fulfilling daily activities or civic participation, and often are not able to contribute to society.

Finally, marginalized people frequently experience friction in contact with society, for example because of their maladaptive behaviour, their different or unaccepted appearance in public areas or because of different norms and values (Wolf, 1997). They are listed as people who tend to make a nuisance in public areas. Many of them have been in contact with the police or the justice system (Dewaele et al., 2021; Wolf, 1997).

Caregivers of marginalized people

The caregivers of marginalized people can be family-related caregivers, such as parents, siblings, uncles or grandparents and non-family-related caregivers, like

friends or acquaintances (Bredewold et al., 2016; Polgar, 2011; Polgar et al., 2006; Caton et al., 2005).

Caregivers are vital for marginalized people to survive as they depend heavily on them to fulfill their basic needs, such as shelter, food, and financial support (Polgar, 2011; Polgar et al., 2006; Spillman & Pezzin, 2000). Caregivers also provide the necessary support when people try to exit homelessness, attain stable housing (van Straaten, 2016), and rebuild their lives (van Straaten, 2016; Caton et al., 2005).

It is therefore important to engage with and support the caregivers of marginalized people. Existing literature suggests that caregivers of people who live in compromised circumstances frequently have difficulties in coping with life themselves, struggle to maintain an adequate level of support and, also struggle to find suitable support themselves (Wittenberg et al., 2013). Providing care to marginalized people further magnifies the challenges they already face (Polgar, 2011).

Supporting caregivers is becoming more pressing considering the transformation from a welfare state into a participation society. In the Netherlands and elsewhere, research examining the position and burden of marginalized peoples' caregivers, like those supported by workers in SSW in the Netherlands, is scarce (Wittenberg et al., 2013; Polgar, 2011; Polgar et al., 2006).

Professional support for marginalized people in practice

There are several factors that prohibit marginalized people from receiving the necessary support to recover and participate in society (again).

Firstly, almost all services like social community teams, housing projects or debt assistance in the Netherlands have waiting lists. The waiting times have recently risen up to one year or even three years (Ministerie van Volksgezondheid, Welzijn en Sport, 2022; Nederlandse Zorg Associatie, 2022; Valente, 2022), which indicates that basic services are becoming even less accessible. Consequently, the problems of people in need may be further aggravated (Friele et al., 2019; van Geuns, Dessain & van der Weijden, 2019).

Secondly, the eligibility criteria for professional support create high thresholds for marginalized people (Omlo, 2017). In practice, most marginalized people do not meet these criteria (e.g., filling in forms before the first appointment) because of a lack of self-regulation, a lack of skills like reading, writing and/or digital skills or they do not have access to devices like a computer or a phone. Consequently, marginalized people are often falsely labelled as unmotivated to accept support (Reynaert et al., 2021; van der Lans et al., 2003).

Thirdly, the way services are provided frequently does not match with the lifestyles or life situation of marginalized people. They must, for example, have access to a (mobile) phone because they must call to make an appointment. Generally, appointments can only be made between 9 a.m. and 5 p.m. at the offices of services. Most services lack the time and/or skills for outreach (van Arum, Broekroelofs & van Xanten, 2020). Consequently, people must travel to the professional services which can be difficult for several reasons, e.g., a lack of conscious timekeeping or a lack of financial means for traveling. The services provided and the lives of marginalized people are so mismatched that this leads to unnecessary dropouts (Omlo, 2017).

Finally, service provision seems to be built around distrust. In many social support offices cameras monitor visitors before entering and while meeting professionals, and people must undergo a body scan, their pockets or bags are checked, and security guards are present.

Social street work

Social street work (SSW) is a street outreach method aimed at engaging with and supporting marginalized people and enhancing their societal participation (Rauwerdink-Nijland & Metz, 2022). SSW was introduced in 1971 in Amsterdam as a three-year experiment based on the experiences of SSW in the United States of America and experiences with detached youth work in the United Kingdom (Fromberg, 1988).

Today, SSW in the Netherlands is often provided by public welfare agencies and funded by local governments. In 2022 more than 30 cities and/or rural municipalities have social street work programmes. SSW acts within the daily environment of marginalized people and tries to build bridges between them and services like social community teams or general practitioners. SSW also collaborates with specialized care services like those for shelter, debt management, substance abuse, mental health and or behavioural problems.

Goals and tasks

The goal of SSW is to enhance marginalized people's societal participation. SSW tries to make and maintain contact with clients, generate trust, provide practical support, make services accessible, motivate them to accept support and reconnect them to society (Szeintuch, 2015; Andersson, 2013; Mikkonen, 2007). SSW is characterized by an open-ended social pedagogical approach, which implies that workers' interventions are grounded in a goal oriented, process-based, moral and dialogic character instead of a fixed step-by-step plan (Metz & Verharen, 2020;

Metz, 2016; Mercier et al., 2000). In contact with marginalized people, workers thoroughly shape the interactions with them and those they spend their time with (Rauwerdink-Nijland & Metz, 2022; Metz & Sonneveld, 2018). Workers also connect to and maintain contact with the network around clients (Rauwerdink-Nijland & Metz, 2022), for example with neighbours, parents, siblings, entrepreneurs, administrators, or other professionals. Their connections with the people around clients reflect the ecological approach of SSW (Bronfenbrenner, 1979). Workers make a strong effort to re-establish or strengthen contact between them and their caregivers. If needed, workers also support marginalized peoples' caregivers to deal with their own personal problems or with supporting the client (Kruiswijk & Nanninga, 2017; Korf et al., 1999). Additionally, and more recently, workers have also been seeking out and connecting with clients in their online world, when clients have devices like a smartphone (Rauwerdink-Nijland & Metz, 2022). Being able to connect and maintain contact with marginalized people is all about engagement and being where they spend time (Morse, 1991). Engagement is an on-going and long-term process necessary for success in outreach methods like SSW (Erickson & Page, 1998; Morse, 1997; 1991).

Elements of SSW

In ssw, two elements – the working relationship and the provision of practical support – help workers thoroughly shape the interactions with marginalized people and the people around them and help workers to explore and use the resources needed for clients' recovery and participation (Rauwerdink-Nijland & Metz, 2022).

The working relationship is a well-known common feature of social work and all service provision. It is known as an active collaboration in which both professionals and their clients develop trust in each other and bond together (e.g., Fyfe et al., 2018; Bordin, 1994; 1979). A productive working relationship increases the chances of better intervention outcomes (de Greef et al, 2019; Kidd, Davidson & MacKenzie, 2017; Davidson & Chan, 2014; Chen & Ogden, 2012; Reisner, 2005), especially for marginalized people themselves (Szeintuch, 2015; Wolf, 1997).

Practical support helps clients to face their problems, to discover and develop their strengths, and to gain access to their social rights in order to reduce inequalities in all life domains (Wolf, 1997). This helps clients to bridge the gap towards societal participation. The support consists of, for example, aid to accessing information and services, role playing to teach clients new ways to deal with difficult situations like making telephone calls with creditors, and helping clients navigate the system and accompanying them to appointments with services.

Intended outcomes

First, workers try to increase their clients' *sense of belonging* as marginalized people often feel systematically overlooked in society and experience feelings of not belonging, invisibility, and alienation (Baart, 2011). Consequently, marginalized people tend to further withdraw from society.

Second, workers try to enhance the *self-esteem* of clients, as developing more self-esteem is essential since many clients experience a very low self-esteem because of their poor living conditions and their thwarted efforts for self-direction and self-determination (Andersson, 2013; Ryan & Deci, 2000).

Third, workers try to *develop marginalized people's strengths* and teach them to appreciate and use these strengths. For marginalized people this is not self-evident as sheer survival and dealing with daily hassles is their constant priority.

Fourth, workers focus on building or maintaining *informal support* to marginalized people. Workers try to decrease *the caregiver's burden* in their support for the client and stay in touch with these caregivers throughout. Their burden is generally higher compared to other caregivers because of the complex and often long-lasting nature of the problems of marginalized people, and as a consequence the support is more intensive and more time-consuming (Wittenberg et al., 2013; Polgar, 2011; Polgar et al., 2006). Furthermore, workers try to improve *the quality of the relationship* between clients and their caregivers to enhance the chances of marginalized people maintaining contact with caregivers. Finally, workers *support* clients' caregivers because they frequently have difficulties maintaining adequate support while also dealing with their own lives (Polgar, 2011). Clients' caregivers are also systematically overlooked as caregivers and, therefore, do not receive the support they need from services (de Klerk et al., 2015).

Fifth, workers try to *link clients to services* as workers support marginalized people to help connect them to relevant support services and care organizations so that they receive the care needed to improve their living circumstances (Kruiter & Klokman, 2016).

Sixth, workers try to enhance the *self-mastery* of clients, as marginalized people often have a negative sense of self-mastery, meaning that they perceive insufficient control over their lives (Conger et al., 2009; Shanahan & Bauer, 2004; Bandura, 1997; Thoits, 1995), feel unable to make balanced decisions about their lives and feel incapable of realizing their own goals (Dworkin et al., 2003; Bradford, 2000).

Finally, workers try to reduce the *perceived stress* of clients as marginalized people commonly experience high levels of stress, due to being homeless, the mul-

titude and complexity of their problems, and the daily hazards they are confronted with out on the streets (Mikkonen, 2007). These high levels of stress negatively influence their ability to adequately think, decide, act, and behave (van der Werf, 2017; Jungmann, Wesdorp & Duinkerken, 2015; Doom et al, 2014), which also affects their ability to connect with society.

Workers in SSW

Professional SSW workers have a bachelor's degree or vocational education in social work. Typically, individual workers have contact with 40–50 clients at the same time. Workers spend at least 50% of their working time in public areas like streets and parks to reach out to their clients (Rauwerdink-Nijland & Metz, 2022; Omlo, 2017; van Doorn et al., 2013).

Research on street outreach services

Since its introduction in the Netherlands little interest has been shown for street outreach services. It has therefore remained a relatively small profession in social work (van Doorn et al., 2013). Due to the introduction of the Dutch Social Support Act (2015) and the shift towards the so-called participation society, street outreach services have become an important way to reach out to those who cannot hold their own (Omlo, 2017). Consequently, more social work professionals have started to engage in this street outreach work (e.g., van Arum, Broekroelofs & van Xanten, 2020; Omlo, 2017; Kruijer & Klokman, 2016). However, many social work professionals, their organizations, and local governments still lack the necessary knowledge and skills to facilitate and/or engage in street outreach work (van Arum, Broekroelofs & van Xanten, 2020; van Doorn et al., 2013). Several serious attempts have been made to describe the daily practice of SSW (Kelderman & Jezek, 2010; Wolf, 1997; Fromberg, 1988), yet so far, no research has focused on substantiating the effectiveness of street outreach services for clients. The need to develop a substantiated body of knowledge has been strongly felt by workers and their organizations, also to legitimize SSW for local governments and policymakers.

Given this state of affairs, the research group Youth Spot, involving the Amsterdam University of Applied Sciences, the SSW organization perMens, and the Impuls Research Center (Dutch Center for Social Care Research) decided to conduct a longitudinal study to gain more insight into the critical elements of successful SSW and to evaluate the impact of SSW on the lives of marginalized people. Further-

more, a cross-sectional study was conducted to evaluate the impact of SSW on marginalized people's caregivers.

AIM AND RESEARCH QUESTIONS

The aim of this dissertation is to provide insight into the elements of SSW, especially the working relationship between workers and clients and the practical support provided by workers to their clients. Additionally, the aim is to determine the impact of SSW on clients' societal participation and to examine the experiences of clients' caregivers when clients have support from the worker in SSW.

The following research questions were examined:

Chapter 2: 1) To what extent is the working relationship associated with clients' belongingness, self-esteem, strengths, and informal support during an eight-months period of SSW? 2) To what extent are the associations influenced by clients' characteristics (gender, age), and the metrics of SSW (phase and frequency of contact).

Chapter 3: 1) To what extent managed workers to link clients to services? 2) To what extent are the working relationship and the provision of practical support associated with clients' perceived self-mastery and stress levels during the first eight months of SSW? 3) To what extent are the working relationship and practical support, and the self-mastery and stress levels, influenced by clients' characteristics (gender, age) and the metrics of SSW (phase and frequency of contact)?

Chapter 4: 1) How do clients perceive the relational and goal oriented part of the working relationship with workers after a minimum of eight months of SSW? 2) To what extent are both parts of the working relationship influenced by clients' characteristics (gender, age) and the metrics of SSW (phase, length and frequency of contact and the provided practical support)?

Chapter 5: 1) To what extent is clients' contact with the worker associated with a change in caregivers' perceived burden in providing care? 2) To what extent does a change in the caregivers' experience lead to a change in the quality of the relationship between caregiver and client? 3) Do caregivers receive support

from the workers themselves? 4) To what extent are the perceived changes in the caregiver's burden associated with caregivers' characteristics (gender, age, nature of relationship with client and daytime activities) and the metrics of SSW (length and frequency of contact)? 5) To what extent is the support caregivers receive from the worker associated with caregivers' characteristics (gender, age, nature of relationship with client and daytime activities) and the metrics of SSW (length and frequency of contact)?

SUMMARY OF METHODS

To address the research questions in this dissertation, we developed two studies. Both research projects comply with the criteria for studies that must be approved by an accredited Medical Research Ethics Committee (aMREC) and were exempted from formal review by the local aMREC (accredited Medical Review Ethics Committee region Arnhem-Nijmegen: registration number 2018/4450).

The first study was a longitudinal study on clients in SSW. Clients in this study were recruited through 90 workers from fifteen teams at an SSW organization in the northwest of the Netherlands. Clients could participate if they were aged ≥ 12 and were able to complete the questionnaire. Recruitment took place between September 2017 and December 2017. In total, 927 participants participated, and were followed up two times with intervals of four months (total follow-up eight months). Of the total group of 927 participants, 28% ($n = 256$) completed all 3 questionnaires, 32% ($n = 293$) completed two questionnaires (T0 and T1 or T0 and T2) and 40.8 % ($n = 378$) completed only the first questionnaire.

The studies in Chapters 2, 3 and 4 are based on this longitudinal study. In Chapters 2 and 3 we studied the impact of SSW on clients' societal participation in terms of belongingness, self-esteem, strengths, received informal support, self-mastery, and stress. In Chapter 2 we used longitudinal data from the total set of 927 clients in contact with SSW. In Chapter 3 we used longitudinal data from the 276 clients (those on whom data was collected) in their first eight months of contact with SSW. In Chapter 4 we gained more insight into the relational and goal oriented part of the working relationship between clients and workers. In this study we used data from all clients in the second follow-up, and thus were in contact with SSW for at least eight months ($n = 332$).

The second study we conducted was a cross-sectional study among 111 caregivers of clients in SSW. In this study we examined the experience of the clients' caregivers when the clients are supported by SSW. All caregivers provided informal support to clients and were in touch with a client's worker. Purposive sampling was used to capture a diverse group of caregivers (regarding age, cultural background and level of education). After consent from clients, workers approached clients' caregivers and asked them to fill in an online or hardcopy questionnaire.

Thesis outline

The next two chapters describe the impact of SSW and client characteristics on clients' perceived belongingness, self-esteem, perceived informal support, developed strengths, linking to services, self-mastery, and stress. Chapter 4 describes how clients perceive the relational and goal oriented part of the working relationship with their workers and the influence of clients' characteristics and the metrics of SSW on this working relationship. Chapter 5 describes the experience of the clients' caregivers when the clients have support from SSW. Finally, Chapter 6 provides an overall discussion about the findings described in this dissertation addresses the strengths and limitations of this research, and presents implications of this dissertation for policy, practice, and future research.

Table 1 Overview of the chapters in this thesis

	Chapter 2	Chapter 3
Research question(s)	<p>1) To what extent is the working relationship between clients and the worker associated with clients' belongingness, self-esteem, strengths, and informal support during an eight-months period of SSW?</p> <p>2) To what extent are the associations influenced by clients' characteristics (gender, age), and the metrics of SSW (phase and frequency of contact).</p>	<p>1) To what extent do workers manage to link clients to services?</p> <p>2) To what extent are the working relationship and the provision of practical support associated with clients' perceived self-mastery and perceived stress levels during the first eight months of SSW?</p> <p>3) To what extent are the working relationship and practical support, and the perceived self-mastery and perceived stress, influenced by client characteristics (gender, age) and the metrics of SSW (phase and frequency of contact)?</p>
Design	Quantitative: longitudinal data	Quantitative: longitudinal data
Method	Online questionnaire or hardcopy	Online questionnaire or hardcopy
Analyses conducted	Linear mixed models	Linear mixed models
Participants	Clients ($n = 927$)	Clients ($n = 276$)

Chapter 4	Chapter 5
<p>1) How do clients perceive the relational and goal oriented part of the working relationship with workers after a minimum of eight months of SSW?</p> <p>2) to what extent are both parts of the working relationship influenced by clients' characteristics (gender, age) and the metrics of SSW (phase, length and frequency of contact and the provided practical support)?</p>	<p>1) To what extent is clients' contact with the worker associated with a change in caregivers' perceived burden in providing care</p> <p>2) To what extent does a change in the caregivers' experience leads to a change in the quality of the relationship between caregiver and client?</p> <p>3) Do caregivers receive support from the workers themselves?</p> <p>4) To what extent are the perceived changes in the caregiver's burden associated with caregivers' characteristics (gender, age, nature of relationship with client and daytime activities) and the metrics of SSW (length and frequency of contact)?</p> <p>5) To what extent is the support caregivers receive from the worker associated with caregivers' characteristics (gender, age, nature of relationship with client and daytime activities) and metrics of SSW (length and frequency of contact)?</p>
Quantitative: cross-sectional data	Quantitative: cross-sectional data
Online questionnaire or hardcopy	Online questionnaire or hardcopy
Exploratory stepwise backward multiple linear regression	<p>Exploratory stepwise backward multiple linear regression</p> <p>Exploratory stepwise backward multiple logistic regression</p>
Clients ($n = 332$)	Caregivers ($n = 111$)

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Fostering societal participation of marginalized people in street outreach services in the Netherlands

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ABSTRACT

Marginalization is a multilevel phenomenon in society depriving people from essential rights, resources, and opportunities. Street outreach services in the Netherlands, like social street work (SSW), support these marginalized people in fostering their participation in society as an answer to their marginalized position in society.

We followed 927 clients in SSW over an eight-month period. Clients filled in a questionnaire at three timepoints.

We examined whether clients' perceived belongingness, self-esteem, strengths, and informal support (outcome measures) were associated with the working relationship, over time.

Results showed the establishment of a working relationship with clients at all three timepoints. An evolving working relationship was associated with an increase in clients' perceived belongingness, self-esteem, strengths, and informal support over time. This study showed the ability of workers to establish a working relationship with clients in their daily environment and underscored the necessity of establishing a working relationship in street outreach services to foster clients' participation in society.

This study encourages policy makers to reflect on current street outreach services, to deviate from demanding short-term and measurable results from professionals' efforts, and to opt for a better fit between performance and financing conditions and daily practices of street outreach services.

INTRODUCTION

Marginalization, also referred to as social exclusion, is a multilevel, structural phenomenon in society (Granger, 2013; Vrooman & Hoff, 2013), resulting at the individual level in an accumulation of disadvantages on four dimensions, namely 1) deprivation of basic goods and services, e.g., housing/income/education (Van Laere et al., 2009), 2) limited access to basic social rights e.g., lack of stable housing (Tsemberis et al., 2004), 3) limited social participation (e.g. limited social support from family/friends) (Lam & Rosenheck, 1999) and 4) experiences of alienation as a result of insufficient cultural integration opportunities (e.g., involvement in the criminal justice system) (McGuire & Rosenheck, 2004).

People experiencing marginalization on several dimensions, often need help to hold their own in society, but frequently do not know where to turn to for help (Reynaert et al., 2021) or do not look for support themselves as they have lost confidence in professionals due to previous negative experiences (Reynaert et al., 2021; Trappenburg, 2018). Street outreach services try to get in contact with these people in order to reconnect them to society (Rauwerdink-Nijland & Metz, 2022). In this study, we focus on one of the dimensions of social exclusion, namely social participation (informal support and belongingness) and extend this dimension with self-esteem and strengths. In this study we refer to these outcomes together as participation in society. We examine marginalized people's development on these outcome measures and whether the working relationship is associated with these developments.

In the Netherlands, approximately 20% of the citizens have difficulties in holding their own and are completely dependent on local governments and social services ('S Jongers & Kruijer, 2023; Tweede Kamer der Staten-Generaal, 2021). People in the margins of society face multiple, complex, and strongly intertwined problems in several life domains (Omlo, 2017; Kruijer & Klokman, 2016). They face problems like unstable housing or homelessness (Sociaal Cultureel Planbureau, 2023; Nationaal Plan Dakloosheid, 2022), intellectual disabilities (van Straaten, 2016), mental health problems (Sociaal Cultureel Planbureau, 2023; van Laere et al., 2009), financial problems and debts (Jungmann, Wesdorp & Duinkerken, 2015), unemployment (Rutenfrans-Stupar, 2019; van Laere et al., 2009), and sometimes are involved in criminal activities (Ferwerda, Beke & Bervoets, 2017). Many of these persons experience family conflicts, rely solely on support of peers, or have no social network (Sociaal Cultureel Planbureau, 2023; Rauwerdink-Nijland et al., 2023). People who

experience difficulties in holding their own in society and do not know when and where to turn to for support are often labelled as ‘hard-to-reach’ or ‘care-avoiders’. They often do not receive the support they need and tend to become further removed and estranged from society (Rauwerdink-Nijland & Metz, 2022; Reynaert et al., 2021). Moreover, for people in marginalized situations participation in society, defined as “involvement in activities providing interactions with others in the society or community” (Levasseur et al., 2010, p. 2146), is a major issue. Especially the chronic stress of being in financial need and/or having debts is common for marginalized people (‘S Jongers & Kruiter, 2023; Nationaal Plan Dakloosheid, 2022), leading to for example difficulties in long-term thinking and planning (Jungmann, Wesdorp & Duinkerken, 2015), which negatively influences marginalized peoples’ chances on participation in society (Nationaal Plan Dakloosheid, 2022; Gadermann et al., 2021).

Social Policy

Local governments finance street outreach services to combat peoples’ marginalized position in society and increase their participation in society. However, in the Netherlands it is a complex and continuous battle for outreach-service organizations, especially for street outreach services, to obtain these essential financial resources to provide this support. Local governments enforce short-term trajectories and expect concrete and measurable results (van der Trier, Hermans & Potting, 2022). Moreover, policy instruments used by local governments to achieve these desired results, do frequently not accord with policy goals of local governments (Boesveldt et al., 2017), which is essential to ensure a sufficient level of goal attainment (Fenger & Klok, 2014). Therefore, Dutch policy often shows a biased, unilateral view of the contact and activities of social workers with their clients and caregivers (van den Trier, Hermans & Potting, 2022). Also, this policy matches badly with the relational and complex nature of the practice of street outreach services to marginalized people because it shelves critical components of the work of professionals, such as building a working relationship, as insignificant, and in so doing undermines the professionalism of social work professionals and practices (Teeuw, 2023; van den Trier, Hermans & Potting, 2022).

Focus of this study

It is evident that reaching out to people in marginalized positions is necessary to tackle the obstacles that hinder their societal participation. However, in the Neth-

erlands and elsewhere, research on the potential influence of a street outreach method, like SSW, on marginalized peoples' participation in society is scarce. This longitudinal cohort study aims at examining the influence of the working relationship between clients and workers in SSW– over an eight-months period – on clients' participation in society in terms of clients' perceived changes in belongingness, self-esteem, strengths, and informal support.

Social street work (SSW)

SSW is a street outreach method in the Netherlands aimed at engaging with and supporting marginalized people (Rauwerdink-Nijland & Metz, 2022). Workers reach out to marginalized people to tackle the obstacles in their lives and help them access support services (Hill & Laredo, 2019; Andersson, 2013; Runia & Hortulanus, 2010).

Professional SSW workers have a bachelor's degree or vocational education in social work. Typically, individual workers have contact with 40–50 clients and spend at least 50% of their working time in public areas like streets and parks to reach out to these clients (Rauwerdink-Nijland & Metz, 2022; Hill & Laredo, 2019; Omlo, 2017). SSW is characterized by an open-ended social pedagogical approach (Metz, 2016; Mercier et al., 2000). SSW offers support to help clients to face their problems and discover and develop their strengths and to gain access to their social rights to reduce inequalities in all life domains (Rauwerdink-Nijland & Metz, 2022). This support consists of, for example, aid to access information and services, role modelling and role playing to teach clients new ways to deal with difficult situations, like telephone calls with creditors, and helping clients navigate the system and accompanying them to appointments with services. Workers also try to establish and maintain in contact with clients, to gain trust and establish rapport to ensure that clients open up for the presence and input of SSW (Rauwerdink-Nijland & Metz, 2022; Erickson & Page, 1998; Morse, 1996). When clients are open for receiving care, the SSW-contact officially commences with contact on a regular basis and support to combat clients' problems (Rauwerdink-Nijland & Metz, 2022). In this process, workers focus on building a working relationship with clients, which is an active collaboration between workers and clients, in which workers and clients develop trust in each other, bond together and achieve agreement about the process towards accomplishing client's goals (Bordin, 1994). Other research shows that a good working relationship increases the possibilities of better outcomes of interventions (de Greef et al, 2019; Davidson & Chan, 2014; Reisner, 2005). The realization of a good working relationship with marginalized people is essential and

at the same time very difficult to achieve (Kruiter & Klokman, 2016; Redko et al., 2011) as marginalized people often distrust (professionals of) social services e.g., because of prior negative experiences (Reynaert et al., 2021) or because they are (to) ashamed to ask for support (Trappenburg, 2018).

For marginalized people, like SSW-clients, participation in society is difficult for several reasons. First, they often feel systematically overlooked in society and experience feelings of not belonging, invisibility and alienation (Rauwerdink-Nijland & Metz, 2022; Baart, 2011). Consequently, they tend to further withdraw from society ('S Jongers & Kruiter, 2023; Sociaal Cultureel Planbureau, 2023). SSW tries to curve this process by making and maintaining contact with clients and try to develop a working relationship with them. By building rapport, in the beginning phase of the working relationship, the sense of belonging of clients may increase (van Pelt & Ročak, 2023; Duyvendak & Wekker, 2015) as workers are their connection to society now. Furthermore, the exchange with outreach professionals seem to enhance clients' inclination and possibilities to participate in society (Omlo, 2017; Kruiter & Klokman, 2016).

Second, developing more self-esteem is essential for marginalized people as many lack self-esteem and experience few possibilities for self-direction and self-determination (Andersson, 2013; Ryan & Deci, 2000). They often feel that their capabilities to change their life circumstances and foster a satisfying life are inadequate (Andersson, 2013; Bandura, 2006). Many marginalized people feel insecure and feel pushed around in life (Lyttle, Snyder and Wehmeyer, 2006; Cantor, 1990). This helplessness could negatively influence their ability to combat the challenges in life and to participate in society. SSW tries to curve this process by approaching clients in a positive way and encouraging them to take small steps in achieving goals that truly matter to them. Further, research suggests that self-esteem can act as a buffer against various negative influences e.g., stress (Longmore, 2004; Bergin et al, 2003).

It is increasingly important that people develop their own strengths, to be able to live a satisfying life in an increasingly more complex and demanding society, because of e.g., the digitalization of society (du Bois-Reymond & Chrisholm, 2006) and the decreasing social cohesion (Tonkens & Duyvendak, 2018). However, marginalized people, this is not evident, as sheer survival and dealing with daily hassles that come with it is their constant priority ('S Jongers & Kruiter, 2023; Wolf, 2016). Also, marginalized people often feel their strengths are not recognised or labelled as valuable (Colliver, 2023), which negatively affects their hope for a better life

(Dewaele et al., 2021). SSW tries to curve this process by helping clients to discover and develop their strengths and motivate them to use these strengths. The process discovering and developing clients' s strengths is a component of establishing the working relationship between clients and workers (Wolf & Jonker, 2020).

Last, the focus on building or retaining informal support to marginalized people is necessary, as they often lack this kind of support (Rauwerdink-Nijland et al., 2023; Rutenfrans-Stupar et al., 2019), and without this support, many are unable to fulfil their own basic needs such as shelter, food, and income (Rauwerdink-Nijland et al., 2023, Polgar, 2011). The focus of SSW on informal support is important, especially in the light of the transformation towards the participation society, in which people are expected to hold their own, conceivably with support from their social network (den Draak & van der Ham, 2018; Tonkens & Duyvendak, 2018). SSW therefore focusses on reconnecting clients with their caregivers and or helping them to develop new social bonds.

So far, research on the working relationship, also known as the therapeutic alliance, has focused on establishing and retaining the working relationship in settings in which clients visit professionals, like psychologists (e.g., Onstenk, Hilbrink & van Hattem, 2023). In the context of SSW, workers initiate the contact in peoples' daily environment, like streets or parcs. In this context people have the choice to avoid the workers, sometimes literary for months or even years (Rauwerdink-Nijland & Metz, 2022, Dewaele et al., 2021). This could affect the realization of the working relationship, as worker and client need to be in contact to develop this. To our knowledge, research on establishing the working relationship and the potential influence of this working relationship on outcomes for marginalized people in the context of street outreach services is scarce. Moreover, longitudinal research in which the perspectives of marginalized people is represented is rare. The focus on clients' perspective is important because this is needed to design content-related policy (Teeuw, 2023, van den Trier, Hermans & Potting, 2022).

In this study the following research questions are therefore addressed:

To what extent is the working relationship associated with clients' belongingness, self-esteem, strengths, and informal support during an eight-months period of SSW?

To what extent are the perceived associations influenced by characteristics of clients (gender, age) and metrics of SSW (phase, length, and length of contact)?

METHODS

Study design and setting

Between September 2017 and September 2018, a longitudinal cohort study was carried out among clients who were in touch with workers of a Dutch SSW-organization covering the North-West of the Netherlands, located in seven municipalities (Amsterdam, Haarlem, Velsen, Velsenbroek, Hillegom, Heemstede, Woerden). In this study participants were followed up two times with intervals of four months (total follow-up eight months). Participants varied in the length of contact with SSW at baseline: (a) contact between 0–6 months; (b) contact between 7 months up to 3 years; and (c) contact for 3 years or longer.

This study was conducted by Research Group Youth Spot (Amsterdam University of Applied Sciences). The Medical Review Ethics Committee region Arnhem–Nijmegen declared that the study was exempt from formal review (registration number 2018/4450).

Participants

Participants were recruited through 90 workers of fifteen teams of the Dutch SSW-organization. Clients were eligible to participate in the study if they: (a) were aged ≥ 12 ; and (b) could complete the questionnaire, conceivably with support. The recruitment of participants took place between September 2017 and December 2018.

Of the total number of 927 participants, at T0, 27.6% ($n = 256$) completed all 3 questionnaires, 31.6% ($n = 293$) completed two questionnaires (T0 and T1 or T0 and T2) and 40.8% ($n = 378$) completed only the first questionnaire. Response rates at follow-up are shown in Figure 1 (see Appendix 1).

Non-completion was labelled as completing only one or two out of the three questionnaires. Several reasons were given for non-completion, like loss of contact with client or (temporary) positive outflow of client (see Table 1).

Table 1 Reasons for non-completion T1 ($n = 473$) and T2 ($n = 332$)

Reasons for non-completion	T1 (%)	T2 (%)
(Temporary) positive outflow (e.g., school, work, or specialized care)	11.3	11.3
(Temporary) loss of contact	28.6	37.2
Workers did not ask respondent to participate		
Worker did not know which client completed T0	22.6	17.1
Organisational change (job change worker or worker transferred to another team)	11.8	11.8
Respondent could not participate in study (e.g., client in rehabilitation centre or detention)	3.9	2.4
Timing was not right to ask client to participate, e.g., due to tension in relationship with client	1.1	1.2
Refusal (lack of time or motivation client)	18.8	17.9
Other (e.g., client passed away)	0.2	0.4

Procedures

We developed the study protocol and questionnaire in co-creation, by collaborating with 14 workers in three focus groups meetings to ensure using an attuned questionnaire for the SSW-practice. Further, six clients participated in two focus groups to ensure suitability of the study protocol and questionnaire from client's perspective.

Before the data collection started, all 90 workers participated in a 3-hour training session. Workers were trained on adhering to the study protocol and received a field guide with all important instructions, e.g., eligibility criteria and informed consent. Moreover, the unequal power between workers and clients was discussed to decrease clients fear of losing contact with or support from workers.

When asking clients to participate workers verbally described the study to the potential participants, gave them an information letter about the study, motivated clients to participate and assured clients that when they declined participation their decision would not change the SSW-contact and support. Written consent from the participant was obtained before filling in the questionnaire at T0. If the participant was aged <16, the worker also verbally contacted the primary caregiver(s), described the study, and asked for consent.

Participants completed the questionnaire: online, or hardcopy. To reduce response bias, the workers were not physically present as the clients filled in the questionnaire. Seven workers mentioned that they were present when clients filled in the questionnaire, because clients used workers' device out on the streets and did not

know how to use this themselves. During the process of data collection, researchers maintained close contact with workers to monitor drop out and to support them.

Participants were able to ask questions when filling in the questionnaire, preferably to a worker other than their own worker. Participation in the study was voluntary and anonymous. Participants received €5,- for each completed questionnaire. Clients were able to choose how and when they received the money or whether they preferred groceries or saved the money for a bigger reward, e.g., going to the movies or dinner, after completing 2 or 3 questionnaires.

Measures

Belongingness

We assessed belongingness at all three time points with 3-items based on relevant literature (Vrooman & Hoff, 2023; Dewaele et al., 2021; Wolf, 2016; Baart, 2011) and measured on a five-point Likert-scale ranging from “strongly agree” to “strongly disagree”. Higher scores indicated more perceived belongingness. Items were “I am not important to anyone”, “I do not feel seen” and “My opinion does not matter”. For ‘belongingness’, the factor analyses showed a valid scale at baseline (76% explained variance and $\alpha = .84$).

Self-esteem

We assessed self-esteem at all three timepoints with 5-items based on relevant literature (Franck et al., 2008; Rosenberg, 1979), measured on a five-point Likert-scale ranging from “strongly disagree” to “strongly agree”. Higher scores indicated higher levels of perceived self-esteem. Items were for example “On the whole, I am satisfied with myself” and “I think I have some good qualities” (for all items, see Appendix 1). For ‘self-esteem’, the factor analyses showed a valid scale at baseline (54% explained variance and $\alpha = .79$).

Strengths

Developing strengths was assessed at all three timepoints with 4-items based on relevant literature (Lyttle, Snyder & Wehmeyer, 2006; Bandura, 1997), measured on a five-point Likert-scale ranging from “strongly disagree” to “strongly agree”. Higher scores indicated higher levels of perceived strengths. Items were for example “The worker encouraged me to discover strengths or things I like to do” and “The worker gave me confidence to try things on my own” (for all items, see Appendix 1).

For 'strengths', the factor analyses showed a valid scale at baseline (70% explained variance and $\alpha = .86$).

Informal support

Informal support was assessed at all three timepoints with 2-items measured on a five-point Likert-scale ranging from "never" to "very often": "Have you perceived support or encouragement from people in (a) your family and (b) your other informal network, like friends or peers". Higher scores indicated more perceived informal support to clients. For 'informal support', the factor analyses showed a valid scale at baseline (77% explained variance and $\alpha = .69$).

Working relationship

The working relationship was assessed at all three time points with a 20-item instrument designed for this study based on relevant literature (Wolf, 2016; Baart, 2011; Bordin, 1994). This scale was measured on a five-point Likert-scale ranging from "strongly disagree" to "strongly agree". Higher scores indicated an evolving perceived working relationship. Items were for example "The worker is there for me when I need it", "The worker backs me up when I need it", "The worker acknowledges how I feel" and "The worker takes what I say or do seriously" (Appendix 1 for all items). For 'the working relationship', the factor analyses showed a valid scale at baseline (67% explained variance and $\alpha = .97$).

Sociodemographic characteristics

Age, gender, cultural background, and educational level were obtained at baseline.

Clients filled in their age. Cultural background was assessed by self-identification and categorised into (a) native Dutch background, (b) bicultural background: combination Dutch background and other, and (c) non-Dutch background. Educational level was categorised into (a) very low (did not complete or only completed primary school), (b) low (prevocational secondary education, lower secondary vocational education), (c) intermediate (higher secondary vocational education, senior general secondary education, preuniversity) and (d) high (higher professional education, university education).

Metrics of SSW-service delivery

Phase of SSW and frequency of contact with SSW were assessed at baseline and both follow up measurements. Regarding phase of SSW, clients were asked if they

(a) were only in contact with SSW in public areas or (b) received support regular support through SSW-contact, including intake.

Length of contact was assessed at baseline and was categorised into (a) contact between 0-6 months, (b) contact between 7 months up to 3 years, and (c) contact for 3 years or longer.

Frequency of contact was categorised into (a) less than once a month, (b) once a month, (c) every two weeks, (d) once a week and (e) more than once a week.

Data analyses

Data was analysed using SPSS PASW Statistics 25. For all scales we used, we conducted an exploratory factor analysis (principal component analysis and direct oblimin rotation) on the responses of the clients to determine the validity of the scales used at the first measurement. Descriptive statistics were performed to describe sociodemographic characteristics of clients, and metrics SSW-service delivery between client and SSW at baseline. Furthermore, descriptive statistics of the outcome measures and intermediate measures were given for all three measurements.

We assessed differences in characteristics of completers and non-completers of the questionnaire with *t* tests (age) and chi-square tests (gender/educational level/cultural background/phase/frequency of contact with SSW) and a one-way ANOVA for the working relationship. We assessed these differences on T0-T1 and T0-T2 to determine whether completers and non-completers were comparable with respect to their scores on these measures at T0.

We used linear mixed model (LMM) analyses to investigate whether the working relationship was longitudinally associated with clients' perceived belongingness, self-mastery, strengths, and informal support at each timepoint, considering the two-level structure of the data: repeated measures were clustered within clients. LMM is a preferred statistical method for analysing longitudinal data considering different levels of the structure of the data. Multiple imputation of missing data was not necessary because LMM includes participants in the analyses who have not completed all questionnaires (Twisk et al., 2013). A random intercept per individual was used to correct for dependency between measurements, while other parameters were specified as fixed. We used restricted maximum likelihood as method estimation and unstructured as the covariance type. Separate models were used for the associations between SSW and the primary outcome measures and intermediate measures. The random slopes did not significantly improve model fit, so were not included as determined by Likelihood Ratio Test ($-2 \times$ Restricted Log Likelihood).

We estimated unadjusted effects for the working relationship and in addition, we performed analyses adjusted for gender/age, and phase/length/frequency of contact with SSW (adjusted analyses). Finally, additional analyses were performed to detect effect modifications, with interaction terms for gender/age and phase/length/frequency of contact with SSW. For all analyses, we used a cut-off for significance of $p < 0.05$. The interpretation of the regression coefficient is twofold (Twisk, 2013). First, the between-subjects interpretation implies a difference between two subjects of 1-unit intermediate variable is associated with a difference of β units in the primary outcome measure. Secondly, the within-subject interpretation implies a change within one subject of 1-unit intermediate variable is associated with a change of β units in the primary outcome measure (Twisk, 2013).

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RESULTS

Of the 927 respondents, 256 (27.6%) completed all three questionnaires. Regarding the differences between completers of T0 and non-completers of T1, completers more often were older and less often reported another cultural background than Dutch. Regarding differences between completers of T0 and non-completers of T2, completers more often reported being 28 years or older (Appendix 1). No other statistically significant differences were found.

Sociodemographic characteristics

Table 2 shows the client's characteristics at baseline. More than half of clients were male ($n = 596$; 64%) and clients were on average 24.5 years old ($SD = 11.96$). Most clients reported a bicultural background ($n = 583$; 63%) and an intermediate educational level ($n = 522$; 56%).

Metrics of SSW-service delivery

Of all clients, 44.9% ($n = 417$) reported being in contact with SSW between 0-6 months and 53.1% ($n = 492$) reported to be in contact with SSW in public areas. For frequency, the largest group of clients (31.7%, $n = 294$) reported to be in contact with SSW more than once a week (Table 2).

Table 2 Demographic characteristics of clients at T0 and metrics of SSW-services delivery (*n* = 927)

Characteristics	Total <i>n</i> (%)
Age	24.5 (SD = 11.96)
Gender	
Female	331 (35.7)
Male	596 (64.3)
Cultural background	
Only Dutch	218 (23.5)
Bicultural Dutch and other	583 (62.9)
Non-Dutch	126 (13.6)
Educational level (<i>n</i> =920)	
Very low	50 (5.4)
Low	272 (29.3)
Intermediate	522 (56.3)
High	76 (8.2)
Metrics of SSW-service delivery	
Length of contact	
0-6 months	417 (44.9)
7 months up to 3 years	274 (29.6)
3 years or longer	236 (25.5)
Phase of SSW	
Regular support	435 (46.9)
Contact in public areas	492 (53.1)
Frequency	
Less than once a month	129 (13.9)
Once a month	135 (14.6)
Every two weeks	162 (17.5)
Once a week	207 (22.3)
More than once a week	294 (31.7)

Descriptives

The means and standard deviations of the outcome measures and the intermediate measure over time are presented in Table 3. On all points in time the average scores for the working relationship were a little over 4, meaning that clients were predominantly positive about the working relationship. On all points in time the average scores were a little under 3,5 for perceived strengths, a little under 4 for perceived belongingness and perceived self-esteem, and a little over 3 for perceived informal support. Meaning that clients were predominantly positive about the extent workers

fostered their perceived belongingness, self-esteem, and strengths, and were predominantly neutral with respect to the amount of informal support they received.

Table 3 Descriptive outcome and intermediate measures of the sample per measurement

	T0 (n=927) M (SD)	T1 (n=473) M (SD)	T2 (n=332) M (SD)
Outcome measures			
Belongingness	3.85 (0.91)	3.77 (0.90)	3.79 (0.82)
Self-esteem	3.87 (0.69)	3.85 (0.63)	3.87 (0.59)
Strengths	3.41 (1.00)	3.38 (1.01)	3.48 (1.00)
Informal support	3.23 (1.02)	3.26 (0.95)	3.17 (0.94)
Intermediate measures			
Working relationship	4.10 (0.76)	4.18 (0.70)	4.18 (0.63)

Longitudinal associations

Belongingness

Results showed a small significant longitudinal positive association ($\beta = 0.14$, $p < .001$) between the working relationship and clients' perceived belongingness (Table 4), meaning that the evolving working relationship was associated with an increase in clients' perceived belongingness. Additional analyses showed age was a small effect modifier for the working relationship (Table 5). For older clients ($\beta = 0.02$, $p < .001$) an evolving working relationship was associated with a larger increase in clients' perceived belongingness.

Table 4 Results unadjusted and adjusted linear mixed models' analyses

Outcome measure	Intermediate measure	Unadjusted analyses			Adjusted analyses ^a		
		B ^b	<i>p</i>	95% CI	B	<i>p</i>	95% CI
Belongingness	Working relationship	.138	<.001***	.08, .20	.138	<.001***	.08, .20
Self-esteem	Working relationship	.240	<.001***	.20, .28	.240	<.001***	.20, .28
Strengths	Working relationship	.68	<.001***	.62, .74	.65	<.001***	.60, .71
Informal support	Working relationship	.232	<.001***	.17, .30	.230	<.001***	.17, .29

^aAdjusted for age, gender, phase/length/frequency of contact with SSW

^bB= Unstandardized regression coefficient, reflect both the within-subject associations and the between-subject associations

Statistically significant; * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

Table 5 Results of additional analyses of effect modification for gender, age, phase/length/ frequency of contact

Outcome measure	Inter-mediate measure	Gender		Age		Length of contact	
		B ^a	95% CI	B	95% CI		
Belongingness	Working relationship	Males	Reference	Age	.02^{***}	.01, .02	≥3 years
		Females	-.08	-.20, .05			7 months – 2 years
							0-6 months
Self-esteem	Working relationship	Males	Reference	Age	-.00	-.01, .01	≥3 years
		Females	.21^{***}	.12, .30			7 months- 2 years
							0-6 months
Strengths	Working relationship	Males	Reference	Age	.00	-.01, .01	≥3 years
		Females	-.07	-.20, .05			7 months- 2 years
							0-6 months
Informal support	Working relationship	Males	Reference	Age	.00	-.01, .01	≥3 years
		Females	-.01	-.15, .13			7 months – 2 years
							0-6 months

^aB= Unstandardized regression coefficient, reflect both the within-subject associations and the between-subject associations

Statistically significant; * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

Phase of SSW		Frequency	
B	95% CI	B	95% CI
Reference		Reference	
.12	-.04, .29	.07	-.04, .19
-.04	-.18, .09		
Reference		Reference	
-.17**	-.29, -.05	-.15***	-.23, -.07
-.12**	-.22, -.02		
Reference		Reference	
-.04	-.20, .12	.04	-.07, .15
-.01	-.14, .13		
Reference		Reference	
.04	-.14, .22	-.01	-.13, .12
.04	-.11, .19		

Self-esteem

Results showed a moderate significant longitudinal positive association ($\beta = 0.24$, $p < .001$) between the working relationship and self-esteem (Table 4). This indicated an evolving working relationship was associated with an increase in clients' perceived self-esteem. Additional analyses showed gender and phase, length, and frequency of contact with SSW were effect modifiers for the working relationship (Table 5). For females an evolving working relationship was associated ($\beta = 0.21$, $p < .001$) with a larger increase in self-esteem in females than in males. For clients in contact with SSW once a month indicated an evolving working relationship was associated ($\beta = -0.22$, $p < .001$) with a decrease in clients' perceived self-esteem compared to clients who were in touch with SSW more than once a week, where we found an increase in self-esteem. Moreover, for clients in touch with SSW between 0-6 months ($\beta = -0.12$, $p = .016$) and for clients in touch with SSW between 7 months up to 3 years ($\beta = -0.17$, $p = .006$) an evolving working relationship was associated with a decrease in the perceived self-esteem compared to clients in contact with SSW for 3 years or longer where an increase in self-esteem was found. Finally, we found that clients who were only in contact with SSW in public areas an evolving working relationship was associated ($\beta = -0.15$, $p < .001$) with a decrease in clients' perceived self-esteem, compared to the increase in self-esteem found in clients in regular support from SSW.

Strengths

Results showed a moderate significant longitudinal positive association between the working relationship and developing clients' perceived strengths ($\beta = 0.65$, $p < .001$; Table 4). This indicated an evolving working relationship was associated with an increase in client's perceived developed strengths. Additional analyses showed no significant effect modifiers (Table 5).

Informal support

Results showed a small significant longitudinal positive association between the working relationship and perceived informal support ($\beta = 0.23$, $p < .001$) (Table 4). This means an evolving working relationship was associated with an increase of perceived informal support for clients. Additional analyses showed no significant effect modifiers (Table 5).

DISCUSSION

The aim of this study was to examine 1) whether change in the working relationship between clients and workers – over an eight-month period of SSW – was associated with clients' perceived participation in society in terms of belongingness, self-esteem, strengths, and informal support, and 2) whether the associations found between the working relationship and clients' perceived participation in society was influenced by characteristics of clients (gender/age) and metrics of SSW-service delivery (phase/length/frequency of contact).

We found several longitudinal associations between the working relationship and their perceived participation in society in which the variation in the strength of the associations, fluctuated between small and moderate (Coe, 2000).

Working relationship

Results of this study showed that workers were able to establish a working relationship with clients at baseline and maintained this relationship during the follow up timepoints. This is encouraging as clients in SSW, frequently are marginalized people who experience social exclusion (Rauwerdink-Nijland & Metz, 2022; Baart, 2011). The connection with workers makes them less socially excluded (van Pelt & Ročák, 2023). Moreover, it is hopeful that workers establish this working relationship in clients' daily environment as previous research has shown that realizing a working relationship with marginalized people is often experienced as very difficult by professionals (Kruiter & Klokman, 2016; Redko et al., 2011). That clients in SSW were willing to develop a working relationship with workers is encouraging for the next steps clients must take in contact with social professionals of social services as they often distrust social professionals and experience difficulties in navigating the Dutch social support system (Verhoeven & Tonkens, 2013). Knowing that a working relationship with so-called hard-to-reach people can be established in itself is important, as research has shown that social work services, responsible for providing accessible and timely support to citizens in a neighbourhood, are not able to reach out to and connect with marginalized people due to a lack of time and/or a lack of skills and their unfamiliarity with outreach and the provision of street outreach services in particular (Vrooman et al., 2023; Nationaal Plan Dakloosheid, 2022; van Arum, Broekroelofs & van Xanten, 2020).

Working relationship and perceived belongingness

The association between the working relationship and increased sense of belongingness may be due to workers being perceived as the connection for clients with society which they do not feel part of (Duyvendak & Wekker, 2015). For older clients, the association between an evolving working relationship and perceived belongingness was stronger than for younger clients. Previous research in SSW has shown that older clients often report a lower quality of their social network (Rauwerdink-Nijland et al., 2023). Therefore, these clients may be less able to rely on family-members or peers and may be more dependent on the contact with workers to increase their perceived belongingness.

Working relationship and perceived self-esteem

It could be that an evolving working relationship leads to an increase in clients' perceived self-esteem because for developing self-esteem it is important to have someone in your life who recognizes you for who you are, who believes in you as a person and recognizes your talents (Sonneveld, 2022; Abdallah, Kooijmans & Sonneveld, 2016). For many clients the worker may be the only one, or one of the very few people in their lives, who unconditionally support them (Rauwerdink-Nijland & Metz, 2022) and in doing so may act as a buffer against several negative influences (Longmore et al., 2004; Cast & Burke, 2002), thus inducing self-trust and self-esteem and the feeling that they can solve their problems (Andersson, 2013).

The association was stronger for females, being in line with previous research showing that females benefit more from a good working relationship than males (Boomkens et al., 2019; Fyfe et al, 2018; Leadbeater, Blatt & Quinlan, 1995). Maybe this is because females generally feel less confident about themselves compared to males, even when they perform equally, and respond differently, e.g., often internalize their problems (Boomkens et al., 2019; Leadbeater, Blatt & Quinlan, 1995). It could be that females because of this working relationship feel encouraged to open up to workers and may experiences changes more readily in problem solving and, and thereby in self-esteem.

However, for clients who were in contact with SSW less than once a month, clients who were in contact for less than two years, and client who only had contact in public areas an evolving working relationship was associated with a decrease in their perceived self-esteem. For clients with a low frequency of contact feelings of loneliness may be stronger making them feel unloved, and thus negatively affecting their self-esteem (de Jong-Gierveld, 1984).

Clients who were in contact for less than two years and clients who were in contact with SSW only in public areas may realize they cannot combat their challenges independently and must admit to themselves they need the contact with the worker (the working relationship), leading to a diminished self-esteem. A period of 3 years may however be long enough for clients to feel more at ease with the worker, share their thoughts and doubts in life and realize it is powerful to combat challenges together with workers.

Working relationship and perceived strengths

It might be that an evolving working relationship leads to an increased awareness of clients' perceived strengths because through the working relationship clients are being encouraged and motivated to discover their strengths and, also are provided more opportunities to use and experience these strengths (Sonneveld, 2022; Abdallah, Kooijmans & Sonneveld, 2016). This is in line with results on self-esteem. Another hypothesis might be that workers function as a role model and offer clients chances to practise difficult or stressful situations, and thus provide them opportunities to discover and use their own strengths.

Working relationship and perceived informal support

An evolving working relationship leads to an increase in perceived informal support. This may be because caregivers tend to support clients more knowing that workers are willing to invest time and effort in the client and hence, they may be encouraged to do the same. Caregivers may also experience more possibilities to share and discuss the situation of clients as well as their worries with workers in SSW, consequently increasing their willingness to provide support. This increase of perceived informal support is essential for clients given the transformation in the Netherlands towards a participation society in which people are expected to hold their own, conceivably with support from their social network, and professional support only being available as a last resort (den Draak & van der Ham, 2018; Tonkens & Duyvendak, 2018).

Research implications

Future research should focus on additional participation in society for marginalized people, such as personal development goals, to legitimize and substantiate street outreach services, like SSW, as results of this study show that SSW combats social exclusion of people in marginalized situations. Furthermore, additional research,

especially qualitative research, is needed to generate more insight into the establishment of the working relationship within street outreach services, the types of support provided, and how female and male clients, as well as caregivers of clients may benefit from both.

Practice and policy implications

Results of this study, confirming longitudinal associations between the working relationship in SSW and clients' participation in society, give important insights into the underexposed and necessary contribution of street outreach practices for the social excluded position in society of marginalized people, provide clues for street outreach services and policymakers to create the necessary conditions for this work (e.g., long-term contact), and to use requirements for service provision and financing of SSW that matches the goals of SSW to combat marginalized peoples' social exclusion. The results provide valuable knowledge that supports the legitimization of street outreach services to reach out to marginalized people. The results also underline the importance of advocating on these peoples' behalf hence contributing to de-stigmatization of these people. The reaching out of professionals towards marginalized people and providing support is a human right (Sandel, 2021).

The results of this study may also be valuable for other social work practices as well as policy makers, showing that the establishment of a working relationship with marginalized people is possible, provided that service delivery meets certain demands, such as outreach (Kruiter & Klokman, 2016; Redko et al., 2011). This is the more important because current policy often is hesitant providing the means for such service-delivery, giving preference to, and enforcing short-term support trajectories and expecting concrete and measurable results (Van Trier, Hermans & Potting, 2022) and consequently enlarge the social excluded position in society of people in marginalized situations (Teeuw, 2023; 'S Jongers & Kruiter, 2023).

Strengths and limitations

This study has several strengths. First, to our knowledge this is the first prospective follow-up study on the impact of the working relationship between clients and workers for clients' participation in society. Second, the questionnaire we used was constructed in close collaboration with workers and clients, which ensured the procedures and questionnaire were attuned to the diversity of clients and practises of SSW. Because of the absence of a validated questionnaire, we used proper quality requirements to increase scientific quality. Thirdly, the large sample size at the start

($n = 927$) of this study, which is to our knowledge never achieved before in research on SSW-clients. Finally, the longitudinal design has the advantage of relating the individual development of a certain outcome variable over time to the individual development of, or changes in, other variables (Twisk, 2013).

Several limitations of this study should also be considered when interpreting the results. First, the initial response rate is unknown, as workers were not asked to keep track of response because of their high work pressure. Second, not all eligible clients were asked to participate because workers experienced barriers in recruiting clients out of fear of hampering the development of their working relationship. This might have led to a selective sample, e.g., mostly clients who perceive a relatively good working relationship with workers. Third, seven workers mentioned they were present when clients filled in the questionnaire. This might have affected the results. Fourth, there was a substantial drop-out in the follow-up measurements. The high drop-out level was to be expected as clients frequently are out of touch with workers. While we used the most appropriate analysis technique to handle missing data (Twisk, 2013), the substantial drop-out might have affected the results. Generalization to the whole population of SSW clients is therefore hampered.

SUPPLEMENTARY MATERIALS

The supplementary materials for this article can be found in Appendix 1.

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3





Influence of street outreach work on the lives of marginalized people

This chapter is submitted as:

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Influence of street outreach work on the lives of marginalized people.

ABSTRACT

This study aims to examine whether social street work (SSW), in the first eight months of contact, managed to link clients to services, influenced their self-mastery and stress, considering the working relationship and provided practical support, given clients' characteristics and SSW-metrics.

At three time points, in an eight-month period, questionnaires were filled in ($n = 276$). Linear mixed model analyses were performed.

SSW linked 70% of clients to services. At all three time points, clients perceived moderate levels of self-mastery and stress. The working relationship was not longitudinally associated with self-mastery nor with stress. A small significant positive longitudinal association was found for practical support and perceived stress, a small significant negative longitudinal association was found for practical support and self-mastery.

In the first eight months of contact SSW succeeds in linking most clients to services but does not influence clients' perceived self-mastery and stress. In this period workers are able to establish a working relationship with clients and provide practical support, being essential conditions to solve the complex issues in the lives of their clients who frequently avoided the confrontation with their problems for years.

INTRODUCTION

Within Western societies there are people who live in the margins of society and struggle to hold their own (Szeintuch, 2015; Mikkonen, 2007). They face a multitude of problems on several life domains, do not receive the support they need and are often labelled as hard-to-reach or care-avoiders (Hill & Laredo, 2019; Szeintuch, 2015). Social street work (SSW), a professional social work outreach method, is characterized by long-term commitment and support to people in the margins of society, herein referred to as clients. Social street workers, herein referred to as workers, try to make and maintain contact with clients, generate trust, provide practical support, make services accessible, motivate them to accept support and connect them to society (Hill & Laredo, 2019; Andersson, 2013; Mikkonen, 2007). This connection with society implicates the possibility for clients to generate opportunities to participate in society (Dewaele et al., 2021; Hill & Laredo, 2019).

However, there are several factors that hinder marginalized peoples' opportunity to reconnect with society (Andersson, 2013; Mikkonen, 2007), for example low levels of self-mastery, high levels of stress and their difficulty to get access to social services.

People in marginalized situations often have a negative sense of self-mastery, meaning that they perceive insufficient control over their lives (Conger et al., 2009; Shanahan & Bauer, 2004; Thoits, 1995) and feel unable to make balanced decisions about their lives and take responsibility for achieving their own goals (Dworkin et al., 2003; Bradford, 2000). A stronger sense of self-mastery should allow them to increase control in their lives, e.g., by learning to set and attain goals (Fish, 2014) and to enhance their ability to independently solve their problems (Laffra & Nikken, 2014). Workers support marginalized people and help them to develop self-mastery by guiding them in formulating achievable goals and raise awareness about their own locus of control in solving their problems.

Furthermore, marginalized people commonly experience high levels of stress, due to being homeless, the multitude and complexity of their problems and the daily hazards they are confronted with (Rauwerdink-Nijland & Metz, 2022; Mikkonen, 2007). These high levels of stress negatively influence the capabilities of people to adequately think, decide, act, and behave (Jungmann & Madern, 2020; van der Werf, 2017; Doom et al, 2014) which affects their ability to reconnect with society. Workers therefore try to reduce the levels of stress of marginalized people

by helping them to manage their problems (Rauwerdink-Nijland & Metz, 2022; Andersson, 2013).

Finally, marginalized people need professional support to solve their multiple, complex, and strongly intertwined problems (Kruiter & Klokman, 2016). Most services are difficult to access for them, as the systems are too complex to navigate and find the proper support independently (Reynaert et al., 2021). Also, service provision often does not match with the needs, possibilities, and lifestyles of marginalized people due to bureaucracy or because most services are designed for a specific challenge like homelessness, mental health, debts or addiction, and marginalized people frequently experience a multitude of these problems which reflect on one other (Rauwerdink-Nijland & Metz, 2022; Jungmann & Madern, 2020). Furthermore, marginalized people are frequently (falsely) labelled as unmotivated because they fail to fulfil required conditions like filling in required forms before entering the first appointment, because of a lack of skills or facilities, e.g., reading, writing or digital skills or having access to devices, and consequently lack the essential support or quickly drop out (Reynaert et al., 2021; van der Lans et al., 2003). SSW therefore supports marginalized people to help connect them to relevant services. This indicates that workers introduce clients to relevant services and make sure clients make it to appointments.

Social street work

SSW is an outreach method of social work in which professional workers spend most of their time in public areas like streets and parcs in order to reach out to people in the margins. These workers have a bachelor's degree or vocational education in social work. Typically, workers have contact with 40-50 clients and spend at least 50% of their working time in public areas like streets and parks to reach out to these clients (Rauwerdink-Nijland & Metz, 2022; Hill & Laredo, 2019). SSW is characterized by an open-ended social approach (Metz, 2016; Mercier et al., 2000). Workers try to make contact, generate trust and establish rapport to ensure that clients open up for the presence and input of SSW and maintain contact (Rauwerdink-Nijland & Metz, 2022; Erickson & Page, 1998; Morse, 1996). Once clients accept the presence and input, workers try to officially commence SSW aid to help accomplish a client's life goals (Rauwerdink-Nijland & Metz, 2022; Wolf, 1997).

This contact is referred to as the working relationship: an active collaboration between a worker and a client, in which they develop trust in each other and bond together (Fyfe et al., 2018; Bordin, 1994; 1979). Research has shown that a good

working relationship increases the possibilities of better outcomes of interventions (de Greef et al, 2019; Davidson & Chan, 2014; Chen & Ogden, 2012). This working relationship is essential in realizing support to people in marginalized situations, yet this required working relationship is often difficult to achieve as people in the margins of society often distrust social professionals (Lee et al., 2018; Bogo, 2006; Redko et al., 2006) because of prior negative experiences (Reynaert et al., 2021; Andersson, 2013). In addition to establishing the working relationship, providing practical support is important, because it helps clients to get access to basic necessities in life, navigate the complex social support system (Reynaert et al., 2021; van der Lans et al., 2003) and enhance their skills (Rauwerdink-Nijland & Metz, 2022; Wolf, 2016). Workers offer practical support by, for example, helping clients to find the right information about available services, to gain access to housing and care, and to practise difficult situations, like making telephone calls with creditors or accompanying them to appointments with services.

In this study, the influence of SSW in the first eight months of contact was investigated by examining 1) whether workers in SSW managed to link clients to services; and 2) to what extent are the working relationship and the provision of practical support associated with clients' perceived self-mastery and perceived stress levels during the first eight months of SSW? 3) To what extent are the working relationship and practical support, and the perceived self-mastery and perceived stress, influenced by client characteristics (gender, age) and the metrics of SSW (phase and frequency of contact)?

METHODS

Study design and setting

A longitudinal study was carried out among clients who were in touch with workers of a Dutch SSW-organization covering the North-West of the Netherlands, located in seven municipalities (Amsterdam, Haarlem, Velsen, Velsenbroek, Hillegom, Heemstede, Woerden). In this study, 276 participants filled in three questionnaires, with intervals of four months. The baseline measurement was between September 2017–December 2017, the first follow-up between January 2018– April 2018 and the second follow-up between May 2018– September 2018.

This study was conducted by Research Group Youth Spot (Amsterdam University of Applied Sciences). The Medical Review Ethics Committee region Arnhem–Nijme–

gen declared that the study was exempt from formal review because the study did not fall within the remit of Medical Research Involving Human Subjects (registration number 2018/4450).

Participants

Participants were recruited through 90 workers of fifteen teams of the SSW-organization. Clients were eligible to participate in the study if they: (1) were aged ≥ 12 ; (2) were in contact with SSW between 0–3 months and (3) could complete the questionnaire, conceivably with support. The recruitment of participants took place between September 2017 and December 2017. Of the total group of 276 participants, 22.8% ($n = 63$) completed all three questionnaires, 32.3% ($n = 89$) completed two questionnaires (T0 and T1 or T0 and T2) and 44.9% ($n = 124$) completed only the first questionnaire. Several reasons were given for non-completion, like (temporary) positive outflow or loss of contact with client (see Table 1). Also, response rates at follow-up are shown in Figure 1.

Non-completion was labelled as completing only one or two out of the three questionnaires.

Table 1 Reasons for non-completion T1 ($n = 149$) and T2 ($n = 188$)

Reasons for non-completion	T1 (%)	T2 (%)
(Temporary) positive outflow (e.g., school, work, or specialized care)	4.3	6.9
(Temporary) loss of contact	18.1	25
Workers could not ask client to participate		
Worker did not know which client completed T0	11.6	11.3
Organisational change (job change worker or worker transferred to another team)	8.3	10.5
Respondent could not participate in study (e.g., client in rehabilitation centre or detention) Timing was not right to ask client to participate, e.g., due to tension in relationship with client	1.1	1.1
Refusal of client (lack of time or motivation)	0.7	1.4
Other (e.g., client passed away)	9.1	9.8
	0.4	0.4

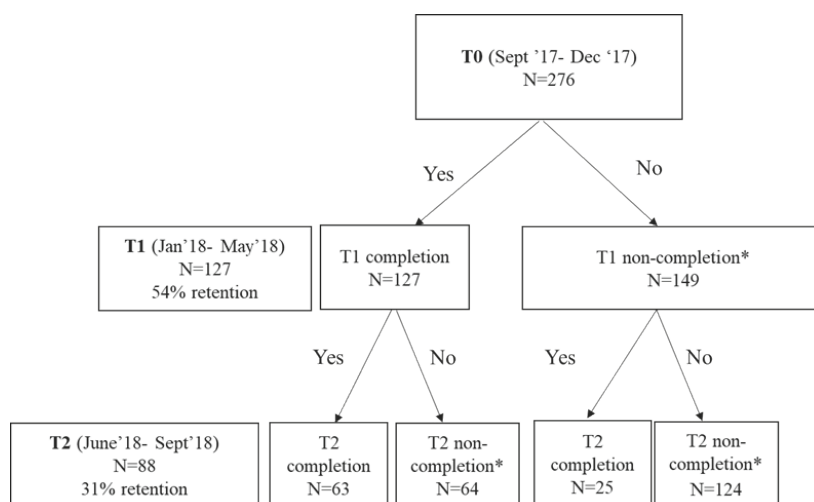


Figure 1 Participant flowchart in study

*Table 1 for registered reasons for non-completion

Procedures

The study protocol and questionnaire were developed in co-creation with 14 workers in three focus groups meetings to ensure an attuned questionnaire for the SSW-practice. Further, six clients participated in two focus groups to ensure suitability of the study protocol and questionnaire from client's perspective.

Before the data collection started, all 90 workers participated in a 3-hour training session. Workers were trained on adhering to the study protocol and received a field guide with all important instructions, e.g., eligibility criteria and informed consent. Workers were asked to approach all clients who met the eligibility criteria. Also, the unequal power between workers and clients was discussed to decrease the fear of clients of losing contact or support from workers. Both the study protocol and the field guide are described elsewhere, in Dutch.

When asking clients to participate, workers verbally described the study to the participants, gave them an information letter about the study and motivated clients to participate in the study and additionally assured clients when they declined participation nothing in the contact or support would change. Written consent from the participant was obtained before filling in the questionnaire at T0. If the participant was aged <16, the worker also verbally contacted the primary caregiver(s), described the study, and asked for consent.

Participants completed the questionnaire: (a) online or (b) by filling in the questionnaire hardcopy. Participants could choose what type of questionnaire suited them best. To reduce response bias, workers were not physically present when the clients filled in the questionnaire. Seven workers mentioned that they were present when clients filled in the questionnaire when clients filled in the questionnaire, because clients used workers' device out on the streets and did not know how use this independently.

During the process of data collection, researchers maintained in close contact with workers to monitor drop out and to support workers.

Participants were able to ask questions when filling in the questionnaire, preferably to a worker other than their own worker. Participation in the study was voluntary and anonymous. Participants received €5,- for each completed questionnaire. Participants were able to choose how and when they received the money or whether they preferred for example groceries, a voucher for a shop of their choice or saved the money for a bigger reward, e.g., going to the movies or diner, after completing 2 or 3 questionnaires.

Measures

Primary outcome measures

Linking to services

At all three-time points clients were asked whether the worker linked them to relevant services on various domains. Clients could choose one or more answer categories: (a) shelter, (b) work, (c) education, (d) leisure activities, (e) buddy or peer contact, (f) specialised care services, for example for addiction, debts, or mental health problems, (g) other, e.g., legal advice. They could also select the answer "I have not been linked".

Self-mastery

The Dutch version (Kempen, 1992) of the Pearlin Mastery Scale (PM) was adapted to measure the extent into which clients perceive control over their lives (Pearlin & Schooler, 1978). This scale was measured at all three time points on a five-point Likert-scale ranging from "strongly disagree" to "strongly agree". Higher scores indicated more self-mastery. Items were for example "I often feel helpless in dealing with the problems of life" and "What happens to me in the future mostly depends

on me” (all items in Appendix 2). One item (“Sometimes I feel that I’m being pushed around in life”) from the Dutch version (van Kempen, 1992) was excluded as this item was indicated as vague and was often misinterpreted (Heggestad et al., 2019).

For all scales, an exploratory factor analysis (principal component analysis and direct oblimin rotation) was conducted on the responses of the clients to determine the validity of the scales used at the first measurement. For self-mastery, the factor analyses showed a valid scale at baseline (61% explained variance; $\alpha = .75$).

Perceived stress

The perceived stress was assessed at all three time points with 4-items based on relevant literature (Cohen et al., 1993; Cohen et al., 1983) measured on a five-point Likert-scale ranging from “never” to “very often”. Higher scores indicated higher levels of perceived stress. Items were for example “How often have you been upset because something unexpectedly happened?” and “How often have you felt difficulties were piling up so high you could not overcome them?” (all items in Appendix 2). For perceived stress, the factor analysis showed a valid scale at baseline (63% explained variance; $\alpha = .81$).

Intermediate variables

Working relationship

The working relationship was assessed at all three time points with a 20-item instrument designed for this study based on relevant literature (e.g., Cheng & Ogden, 2012; Bordin, 1979). This scale was measured on a five-point Likert-scale ranging from “strongly disagree” to “strongly agree”. Higher scores indicated a better working relationship. Items were for example “The worker is there for me when I need it”, “The worker backs me up when I need it”, “The worker acknowledges how I feel” and “The worker takes what I say or do seriously” (all items in Appendix 2). For the working relationship, the factor analysis showed a valid scale at baseline (71% explained variance; $\alpha = .98$).

Practical support

Practical support was assessed at all three time points with 3 items, based on relevant literature (Andersson, 2013). Items were measured on a five-point Likert-scale ranging from “never” to “very often”: “The worker assisted me in finding the information that I needed”, “The worker arranged things for me like an appointment

or financial support” and “The worker accompanied me towards an appointment”. Higher scores indicate more practical support. For practical support, the factor analyses showed a valid scale at baseline (69% explained variance; $\alpha = .77$).

Characteristics of clients

To assess the demographic profile of the clients, information was obtained about age, gender, cultural background, and educational level at baseline.

Client’s age was categorised into 12–17 years, 18–22 years, 23–27 years, and 28 years and over. Cultural background was assessed by self-identification and categorised into (a) native Dutch background, (b) bicultural background: combination of Dutch and other background, and (c) non-Dutch background. Educational level was categorised into (a) very low (did not complete or only completed primary school), (b) low (pre-vocational secondary education, lower secondary vocational education), (c) intermediate (higher secondary vocational education, (d) senior general secondary education, pre-university) and (e) high (higher professional education, university education).

Metrics of SSW

Phase of SSW was assessed at baseline and at both follow-up measurements. Clients were asked if they (a) were only in contact with SSW in public areas or (b) received support regular support through SSW-contact, including intake, and received support on a regular basis. Frequency of contact was assessed at all three measurements and was categorised into (a) less than once a month, (b) once a month, (c) every two weeks, (d) once a week and (e) more than once a week.

Data analyses

Data was analysed using SPSS PASW Statistics 25. Descriptive statistics were performed to describe clients’ socio-demographic characteristics, characteristics of contact between client and worker at baseline and to describe to which services clients are linked. Furthermore, descriptive statistics of the perceived change in self-mastery and levels of stress were given for all three measurements.

Differences in characteristics of completers and non-completers of the questionnaire were assessed with *t* tests (age) and chi-square tests (gender, educational level, cultural background, frequency of contact, phase of SSW). These differences were assessed on T0-T1 and T0-T2 to examine whether completers and non-completers were comparable with respect to their scores on these measures. Of 276

respondents included, 63 (23%) completed all three questionnaires. Regarding differences between completers of T0 and non-completers of T1, completers more often reported a bicultural Dutch or non-Dutch background ($\chi^2 = 16.1, p < .001$). There were no other differences between completers of T0 and non-completers of T2 (Appendix 2).

Linear mixed model (LMM) analyses were used to investigate whether the working relationship and practical support were longitudinally associated with self-mastery and the perceived stress at each timepoint, considering the two-level structure of the data: repeated measures were clustered within clients. Multiple imputation of missing data was not necessary because LMM includes participants in the analyses who have not completed all questionnaires (Twisk et al., 2013). A random intercept per individual was used to correct for dependency between measurements, while other parameters were specified as fixed. Restricted maximum likelihood was used as method estimation and unstructured as the covariance type. Separate models were used for the associations for SSW and the primary outcome measures and intermediate variables (Appendix 2). The random slopes did not significantly improved model fit, so were not included as determined by Likelihood Ratio Test ($-2 \times \text{Restricted Log Likelihood}$).

Unadjusted effects for SSW (working relationship, practical support) were estimated and in addition, adjusted analyses for gender/age, phase/frequency of contact with SSW (adjusted analyses) were performed. Finally, additional analyses were performed to detect effect modifications, with interaction terms for gender/age and phase/frequency of contact with SSW (covariate variables). For all analyses, a cut-off for significance of $p < 0.05$ was used. The interpretation of the regression coefficient is twofold (Twisk, 2013). First, the between-subjects interpretation implies a difference between two subjects of 1-unit intermediate variable is associated with a difference of β units in the primary outcome measure. Secondly, the within-subject interpretation implies a change within one subject of 1-unit intermediate variable is associated with a change of β units in the primary outcome measure (Twisk, 2013). Therefore, no separate models were shown for the results of the LMM.

RESULTS

Characteristics of clients

Table 2 shows the client's characteristics at baseline. More than half of clients were male ($n = 165$; 60%) and clients were on average 21.7 years old ($SD = 7.4$, range 12–58). Most clients ($n = 179$; 65%) reported a bicultural background (Dutch and other) and more than half ($n = 159$; 58%) reported an intermediate educational level.

Table 2 Demographic characteristics of clients at T0 and characteristics of contact ($n = 276$)

Characteristics	Total n (%)
Age groups	
12-17 years	68 (24.6)
18-22 years	115 (41.7)
23-27 years	65 (23.6)
≥28 years	28 (10.1)
Gender	
Female	111 (40.2)
Male	165 (59.8)
Cultural background	
Only Dutch	50 (18.1)
Bicultural Dutch and other	179 (64.9)
Non-Dutch	47 (17.0)
Educational level ($n=273$)	
Very low	10 (3.6)
Low	84 (30.4)
Intermediate	159 (57.6)
High	20 (7.2)
Metrics of SSW	
Phase SSW	
Regular support	148 (53.6)
Public areas	128 (46.4)
Frequency	
<Once a month	71 (25.7)
Once a month	32 (11.6)
Every two weeks	42 (15.2)
Once a week	51 (18.5)
>Once a week	80 (29.0)

Linking to services, self-mastery, and perceived stress

At all three time points, approximately 70% of clients was linked to services, mostly to work and 'other' services, like legal advice (Table 3). The percentages of linking remained stable regarding all three measurements. The average scores for self-mastery and perceived stress were around 3 at all measurements, meaning clients predominantly perceived moderate levels of self-mastery and stress. The scores on self-mastery and perceived stress did not change over time (Table 3).

Working relationship and practical support

The average score for 'the working relationship' was around 4 at all measurements, meaning clients were predominantly positive about their working relationship with the workers (Table 3). For 'practical support' the average score was around 3, meaning clients were predominantly neutral with respect to the amount of practical support they received (Table 3). The scores for the working relationship and practical support did not change over time.

Metrics of SSW

Of all clients, 54% ($n = 148$) reported being in regular support from SSW. Regarding frequency of contact, the largest group (29%, $n = 80$) reported having contact with a worker more than once a week, followed by the group that reported having contact less than once a month (26%, $n = 71$) (Table 2).

Table 3 Descriptives of outcome measures and elements of SSW

Outcome measures	T0 ($n=276$) ($n, \%$)	T1 ($n=127$) ($n, \%$)	T2 ($n=88$) ($n, \%$)
<i>Linking to services</i>			
Housing	35 (12.7)	15 (11.8)	7 (8.0)
Work	48 (17.4)	21 (16.5)	22 (25.0)
Education	4 (1.4)	4 (3.4)	1 (1.1)
Leisure activities	25 (9.1)	10 (7.9)	8 (9.1)
Buddy/peer contact	15 (5.4)	6 (4.7)	6 (6.8)
Specialised care services	16 (5.8)	20 (15.8)	2 (2.3)
Other	59 (29.7)	34 (26.8)	25 (28.4)
None	82 (29.7)	41 (32.3)	25 (28.4)
	T0 ($n=276$) M (SD)	T1 ($n=276$) M (SD)	T2 ($n=276$) M (SD)
<i>Self-mastery</i>	3.24 (0.70)	3.16 (0.60)	3.21 (0.67)
<i>Perceived stress</i>	2.90 (0.92)	2.81 (0.80)	2.83 (0.72)

Table 3 Descriptives of outcome measures and elements of SSW (*continued*)

Outcome measures	T0 (n=276) (n, %)	T1 (n=127) (n, %)	T2 (n=88) (n, %)
Elements of SSW			
<i>Working relationship</i>	3.98 (0.87)	4.19 (0.71)	4.23 (0.67)
<i>Practical support</i>	3.00 (1.11)	3.18 (1.10)	3.18 (1.18)

Longitudinal associations for self-mastery

The working relationship was not longitudinally associated with self-mastery ($\beta = -0.02$, $p = .607$; Table 4). Additional analyses showed frequency of contact as a small significant effect modifier (Table 5). A negative longitudinal association was found for the clients who were in contact with SSW monthly ($\beta = -0.30$, $p = 0.039$), which indicated that for this group a better working relationship was associated with a decrease in self-mastery.

A small significant negative longitudinal association was found for practical support and self-mastery ($\beta = -0.07$, $p = .006$; Table 4), which indicates that less practical support was associated with an increase in self-mastery. Additional analyses showed no significant effect modifiers (Table 5).

Longitudinal associations for perceived stress

The working relationship was not associated with perceived stress ($\beta = -0.045$, $p = .304$; Table 4), and no significant effect modifiers were found (Table 5).

A small significant positive longitudinal association was found for practical support and perceived stress ($\beta = 0.09$, $p = 0.003$; Table 4), which means that more practical support was associated with an increase in stress over time. The effect modifiers were not significant (Table 5).

Table 4 Results unadjusted and adjusted linear mixed models' analyses

Outcome measure	Covariate measure	Unadjusted analyses			Adjusted analyses ^a		
		B ^b	<i>p</i>	95% CI	B	<i>p</i>	95% CI
Self-mastery	Working relationship	-.019	.607	-.09, .05	-.019	.607	-.09, .05
	Practical support	-.075	.006***	-.13, -.02	-.075	.006***	-.13, -.02
Perceived stress	Working relationship	.030	.505	-.06, .12	-.045	.304	-.13, .04
	Practical support	.092	.003***	.03, .15	.092	.003***	.03, .15

^aAdjusted for age, gender, frequency and phase of social street work

^bB= Unstandardized regression coefficient, reflect both the within-subject associations and the between-subject associations

Bold values represent statistically significant results; *** $p \leq 0.01$.

Table 5 Results of additional analyses of effect modification for gender, age, phase SSW and frequency of contact

Outcome measure	Gender				Age				Phase SSW				Frequency			
	B ^a	95% CI	B	95% CI	B	95% CI	B	95% CI	B	95% CI	B	95% CI	B	95% CI		
Self-mastery	Working relationship	Males	Reference	28+	Reference	Regular support	Reference	>1 week	Reference							
		Females	.02	-14, .17	23-27	-.15	-.56, .27	Public areas	.00	-.14, .15	Weekly	-.06	-.32, .19			
	Practical support	Males	Reference	28+	Reference	Regular support	Reference	>1 week	Reference							
		Females	-.01	-11, .10	23-27	-.05	-.25, .14	Public areas	-.04	-.15, .07	Weekly	-.06	-.22, .11			
Stress	Working relationship	Males	Reference	28+	Reference	Regular support	Reference	>1 week	Reference							
		Females	.06	-.12, .25	23-27	-.22	-.69, .27	Public areas	-.03	-.20, .15	Weekly	.17	-.13, .46			
	Practical support	Males	Reference	28+	Reference	Regular support	Reference	>1 week	Reference							
		Females	.01	-.12, .14	23-27	-.13	-.36, .01	Public areas	.02	-.11, .15	Weekly	.15	-.47, .34			

^a B= Unstandardized regression coefficient; reflect both the within-subject associations and the between-subject associations

Bold values represent statistically significant results; **p ≤ .01.

DISCUSSION

The aim of this study was to gain insight into the influence of SSW on clients in the first eight months of contact with SSW and examine 1) whether SSW managed to link clients to services; and 2) whether the perceived self-mastery and stress levels of clients changed considering the working relationship and the provision of practical support in that period, and considering clients' characteristics (gender, age) and metrics of SSW (phase of SSW, frequency of contact).

In the first eight months of contact SSW succeeds in linking most clients to services but does not influence clients' perceived self-mastery and stress. Overall, results show in the first eight months that approximately 70% of clients in SSW were linked to services. Also, results showed moderate levels of self-mastery, perceived stress, and practical support from SSW and a positive perceived working relationship. No significant associations were found for the working relationship and the perceived self-mastery and stress. Results did show that for clients who were in contact with SSW monthly, a better working relationship was associated with a decrease in clients' self-mastery over the first eight-month of contact with SSW. Furthermore, we found significant longitudinal associations regarding the provided practical support and primary outcomes. Clients who received less practical support from workers, perceived an increase in self-mastery. Clients who received more practical support, perceived an increase in stress. The strength of all significant associations was small (Coe, 2000).

Linking to services

At all three measurements, approximately 70% of clients reported that they were effectively linked to services through SSW, mostly to work and to other services like legal advice. This linking function of SSW is very important, as clients frequently do not have access to these services (Reynaert et al., 2021; van der Lans et al., 2003) while having access to these services is crucial for clients to combat challenges in life (Andersson, 2013; Mikkonen, 2007).

Working relationship and practical support

Results of this study showed that workers were able to establish a working relationship with clients and provide practical support at all three timepoints. By establishing this working relationship with clients, workers realize an important condition to provide support to marginalized people (Kruiter & Klokman, 2016; Redko et al.,

2006). For clients the relationship with workers is often the only connection with society (Rauwerdink-Nijland & Metz, 2022; Andersson, 2013). Establishing this relationship is therefore an important first step in connecting these clients with society, as clients often feel locked out (Andersson, 2013), have negative experiences with social professionals and local governments (Dewaele et al., 2021; Hill & Laredo, 2019) and therefore often distrust professionals (Lee et al., 2018; Andersson, 2013; Bogo, 2006). The constant presence of SSW out on the streets, where they reach out to marginalized people and provide instant practical support, seems an effective way to support marginalized people. This support is extra important given the transformation towards the participation society, in which people are expected to hold their own, conceivably with support from their social network, and professional support is not easily accessible (den Draak & van der Ham, 2018; Tonkens & Duyvendak, 2018).

Longitudinal associations for self-mastery

The average score for self-mastery did not change over time and was moderate at all measurements. The working relationship was not longitudinally associated with self-mastery. However, although results showed that clients positively valued the working relationship with workers, it might that a longer period of time is needed before the working relationship has a positive influence on the clients' self-mastery, as clients in SSW often need more time to convert their self-perception of their self-mastery (Boomkens et al., 2019; Bandura, 2001) as they do not believe in themselves and in their own capabilities. Another explanation could be that due to prior negative experiences with social professionals (Andersson, 2013; Baart, 2011), clients need more than eight months to gain trust in workers, which is part of the working relationship (Bordin, 1979). Being able to rely on someone, in this case a professional, is crucial to increase self-mastery (Dunne et al., 2014; Conger et al., 2009; Zimmerman, 2005) and for clients this is often only offered by the workers as they frequently lack social support (Rutenfrans-Stupar et al., 2019). For clients who were in contact with SSW once per month, a better working relationship was associated with a decrease in the self-mastery. This finding may illustrate that for these clients a better working relationship with workers could be even more necessary and could indicate that even more time is needed, to make the working relationship beneficial for clients' self-mastery. Regarding practical support and self-mastery, less practical support was associated with an increase in self-mastery. It might be that clients who receive less practical support from SSW simply need less support

because they perceive higher levels of self-mastery and are able to combat challenges in life with less support. Additionally, it might be that these clients benefit faster from the support that SSW offers as the nature of the provided practical support consists of practising difficult situations with clients, like communicating by phone, or searching for the proper information together. Consequently, over a period of eight months clients need less support from SSW, because they are more able to use the skills they practised with the worker and can combat challenges in life more independently.

Longitudinal associations for perceived stress

The average score for perceived stress did not change over time and was moderate at all measurements. The working relationship was not longitudinally associated with clients' perceived stress. It might be, in line with the results on self-mastery, that for the working relationship to be beneficial for clients' perceived stress more time is needed. In addition, our working relationship-scale measured the conditions necessary to develop the working relationship. We did not measure whether clients felt comfortable enough to share personal issues with the workers (Rauwerdink-Nijland & Metz, 2022; Andersson, 2013). Especially this emotional part of the working relationship, which may take longer to develop, may be crucial for clients to feel free enough to talk about these stressful issues, providing the workers a chance to work with the clients on reducing their stress levels (Fyfe et al., 2018).

Regarding practical support, more practical support was associated with an increase in levels of perceived stress. This might be because the support focusses on problems clients have frequently been avoiding dealing with, sometimes for years (Dewaele et al., 2021; Kruiter & Klokman, 2016), confronting clients with their problems, like debts or addiction, and its consequences (Authors' own, 2022). This confrontation could lead to an increase in perceived stress levels because it shows clients which challenges, they must face and moreover, clients may realize that combating these challenges could be a long run. Yet, this confrontation is an essential step in the process of combating these challenges and being able to participate in society (Rauwerdink-Nijland & Metz, 2022; Wolf, 1997).

Directions for future research

This research indicates that workers were able to link clients to services, establish a positive working relationship with clients and provide practical support in the first eight months of contact with SSW. More research is needed to investigate the

influence of the working relationship and practical support on clients' perceived self-mastery and perceived stress levels over a longer period of time. In this research it is important to involve workers to generate their perspective.

Strengths and limitations

This study has several strengths. First, to our knowledge this is the first prospective follow-up study on the influence of SSW on the lives of clients, during the first eight months of contact. Second, the conducted questionnaire was constructed in close collaboration with workers and clients, which ensured the procedures and questionnaire were attuned to the diversity of clients and practises of SSW. And thirdly, the relatively large sample size at the start ($n = 276$) of this study.

Several limitations of this study should also be considered when interpreting the results. First, the initial response rate is unknown, as workers were not asked to keep track of response because of their high work pressures. Second, not all eligible clients were asked to participate because workers experienced barriers in recruiting clients, as they felt this could hamper the development of a working relationship. This might have led to a sample with a relatively good working relationship. Third, there was a substantial drop-out in the follow-up measurements. The high drop-out level was to be expected as clients are frequently in and out of touch with workers. While the most appropriate analysis technique was used to handle missing data (Twisk, 2013), the substantial drop-out might have affected the results.

Implications for practice and policy

The results of this study provide valuable clues for professionals in social work practices, for policymakers who are responsible for the care for the so-called hard-to-reach and marginalized people in the Netherlands and for researchers who perform research on hidden populations. At each timepoint, approximately 70% of the clients was linked to services through SSW. This finding seems to legitimize and underline the importance of an outreach method like SSW to connect with so-called hard-to-reach and marginalized people who are in need of support and guide them to relevant services. Without an outreach method like SSW, no attempts would be made to connect with, and support these people. These results and results on practical support also invite reflection on the accessibility of services, as the service system is too complex for citizens to navigate and find suitable support themselves, as clients need guidance in the maze of services.

The results regarding the working relationship underlined the complexity of working with hard-to-reach and marginalized people. In the first eight months of contact, workers were able to develop a positive working relationship with clients, who usually distrust social professionals and local governments. Policy makers should recognise this as an essential result of an outreach methods like SSW. Yet, no longitudinal associations were found for the working relationship, which implies a longer period is needed for the working relationship to be beneficial. Policy makers should therefore give special consideration to long-term commitment of workers, to yield the benefits of this working relationship that is established with marginalized people, as this is an important first step in developing trust in social professionals again, and in the government in general, which is essential to connect these clients to society.

CONCLUSIONS

In the first eight months of contact SSW succeeds in linking most clients to services but does not influence clients' perceived self-mastery and stress. In this period workers are able to establish a working relationship with clients and provide practical support, being essential conditions to solve the complex issues in the lives of their clients who frequently avoided the confrontation with their problems for years.

SUPPLEMENTARY MATERIALS

The supplementary materials for this article can be found in Appendix 2.

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4





The working relationship between people in marginalized situations and street outreach workers

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The working relationship between people in marginalized situations and street outreach workers.

ABSTRACT

A good working relationship between clients and professionals increases the chances of better intervention outcomes for clients. A longitudinal cohort study was carried out among clients who were in touch with professionals from a Dutch social street work (SSW) organization.

We used a questionnaire to examine client perspectives ($n = 332$) on the relational and goal oriented part of the working relationship after a minimum of eight months of contact with SSW. We furthermore examined to what extent both parts of the working relationship were influenced by client characteristics and SSW metrics.

Clients were asked to reflect on the relational part and the goal oriented part of the working relationship. Clients who only met SSW professionals in public areas perceived a weaker working relationship in both aspects. A stronger relational and goal oriented working relationship was perceived when receiving more practical support. Clients who had been in contact with a SSW professional for a long period of time perceived a weaker goal oriented working relationship.

This study shows that a working relationship, with both relational and goal oriented aspects, can be established between workers and marginalized people in their daily environment. Frequent contact and providing practical support can improve both parts of the working relationship.

INTRODUCTION

Social street work (SSW)

SSW is a professional street outreach method aimed at engaging with and supporting marginalized people (Rauwerdink-Nijland & Metz, 2022). SSW professionals (herein referred to as workers) reach out to clients, frequently marginalized people, to tackle the obstacles in their lives and help them access support services (Hill & Laredo, 2019; Andersson, 2013). Marginalization, also referred to as social exclusion, is a multilevel, structural phenomenon in society (Vrooman & Hoff, 2021; Granger, 2013), resulting in an accumulation of disadvantages at the individual level (Kromhout, van Echteld & Feijten, 2020; Granger, 2013). In the Netherlands, approximately 20% of citizens are considered marginalized and have difficulties holding their own and are completely dependent on local social services ('S Jongers & Kruiter, 2023; Tweede Kamer der Staten-Generaal, 2021). Amongst them there are people who face multiple, complex and strongly intertwined problems, from mental health issues (Sociaal Cultureel Planbureau, 2023) to intellectual disabilities (van Straaten, 2016). A majority experiences family conflicts, relies solely on peer support, or has no social network at all (Sociaal Cultureel Planbureau, 2023; Rauwerdink-Nijland et al., 2023). Moreover, many are unemployed (Jungmann, Lako & de Bruin, 2020), live in poverty, have financial problems and debts, and lack housing or stable living situations (Nationaal Plan Dakloosheid, 2022; Kruiter & Klokman, 2016). People who struggle with housing issues, debts or unemployment experience chronic stress, which affects peoples' functioning in life, e.g., their ability to participate in society (Jungmann, Lako & de Bruin, 2020).

SSW is a specific social work method focusing on the so-called hard to reach clients. SSW is characterized by an open-ended social pedagogical approach, which implies that a worker's interventions are grounded in a goal oriented, process-based, moral and dialogic approach instead of a fixed step-by-step plan (Metz, 2016). Typically, workers (with a bachelor's degree or vocational education in social work) have contact with 40-50 clients and spend at least 50% of their working time in public areas like streets and parks to reach out to these clients (Rauwerdink-Nijland & Metz, 2022; Hill & Laredo, 2019).

Workers try to make contact, generate trust and establish rapport to encourage clients to open up to the presence and input of SSW and maintain contact (Hill & Laredo, 2019; Andersson, 2013). This contact between workers and clients should be considered as goal in itself (Rauwerdink-Nijland & Metz, 2022). Once clients

accept the presence and input, workers try to officially commence SSW aid to help accomplish a client's life goals (Rauwerdink-Nijland & Metz, 2022; Hill & Laredo, 2019). Workers try to provide practical support, for example by helping clients navigate the system, accompanying them to appointments with services, which motivates clients to accept support and connects them to society (Hill & Laredo, 2019; Andersson, 2013). A working relationship with marginalized people is a necessary condition for linking clients to services and resources, yet it is also very difficult to achieve (Kruiter & Klokman, 2016; Redko et al., 2006). This is because people at the fringes of society face complex and strongly intertwined problems (Kruiter & Klokman, 2016), frequently rooted in adverse childhood experiences (Redko et al., 2006). Consequently, marginalized people often distrust (professionals of) social services, e.g., because of prior negative experiences (Reynaert et al., 2021) or because they are (too) ashamed to ask for support (Trappenburg, 2018), which could negatively affect establishing the working relationship.

The working relationship

The working relationship between professionals and their clients, also known as the therapeutic alliance or working alliance, is an active collaboration in which both professionals and their clients develop trust in each other, bond together and work from shared goals towards desired outcomes (Graybeal, 2007; Castonguay, Constantino, & Holtforth, 2006; Bordin, 1979). The working relationship consists of a relational part which covers the development of a bond between client and worker and a goal oriented part which covers the agreement about the process towards accomplishing client goals (Crits-Christoph, Gibbons, & Hearon, 2006; Bordin, 1979). Both parts should be in balance to refer to the working relationship as positive. Research has shown that in social work, a positive working relationship between professionals and clients increases the chances for better client outcomes (de Greef et al, 2019; Kidd, Davidson & MacKenzie, 2017; Chen & Ogden, 2012).

The focus on establishing a positive working relationship between workers and marginalized people finds theoretical support in the social determination theory (SDT) (Markland et al., 2005). SDT is a personal development and self-motivated behavior change theory, which includes aspects of the working relationship, e.g., trust, empathy and supporting clients to formulate their own goals (Markland et al., 2005).

It is difficult to develop a positive working relationship with marginalized people (Lee et al., 2018; Bogo, 2006) as they frequently feel overlooked in society (van Arum, Broekroelofs and van Xanten, 2020; Baart, 2011) and distrust professionals

and local governments because of prior negative experiences (Reynaert et al., 2021; Andersson, 2013). To successfully develop a working relationship, reaching out and maintaining contact is essential (Kolar et al., 2015; Erickson & Page, 1998; Morse et al., 1996). This process revolves around long-term engagement and being present where they are (Morse et al., 1996). In SSW, in addition to the working relationship, providing practical support to marginalized people is important as it improves client living conditions and their connection with society. Providing practical support enhances marginalized peoples' societal participation and reduces their levels of stress (Rauwerdink-Nijland et al., *submitted*). The practical support consists of, for example, assisting clients in obtaining the necessary information, enhancing their awareness of services, practice in dealing with difficult situations, like telephone calls with creditors, or accompanying them to appointments with services. Providing appropriate support is necessary because clients often lack the skills to navigate the complex social support system and/or do not have access to the necessary devices (Reynaert et al., 2021; Kruiter & Klokman, 2016; van der Lans et al., 2003).

In the Netherlands and elsewhere research on the perceived working relationship between marginalized people and professionals in street outreach services is scarce (Rauwerdink-Nijland et al., *submitted*; Andersson, 2013). However, in previous analyses on our sample, we found the effort of workers in SSW developed a positive relationship with marginalized people (Rauwerdink-Nijland et al., *submitted*). In addition, we found that an improved working relationship was associated with improved client outcomes, such as more self-esteem and an increased ability to discover their own strengths, corroborating the importance of a positive working relationship (Rauwerdink-Nijland et al., *submitted*). In the current study we wanted to gain more insight into how marginalized people perceive the working relationship with workers, both for the relational and goal oriented part.

The urgency of this research is clear, given the unintended negative consequences of the Dutch social support system enforcing short-term support and expecting concrete and measurable results (van Trier, Hermans & Potting, 2022; van der Lans, 2020; Hofs, 2017). The system tends to overlook the complexity of the problems of SSW-clients, the time and effort needed to establish and sustain a relationship with marginalized people (Bogo, 2008), and the underlying structural factors influencing both their living circumstances and how the service is delivered (van den Trier, Hermans & Potting, 2022; Tonkens & Duyvendak, 2018).

This study addresses the following research questions:

How do clients perceive the relational and goal oriented part of the working relationship with workers after a minimum of eight months of SSW contact.

To what extent are both parts of the working relationship influenced by client characteristics (gender, age) and the metrics of SSW (phase, length and frequency of contact and the provided practical support)?

METHODS

Study design and setting

Part of longitudinal study

Between September 2017 and September 2018, a longitudinal cohort study was carried out among clients who were in touch with workers of a Dutch SSW organization covering the northwest conurbation of the Netherlands, located in seven municipalities (Amsterdam, Haarlem, Velsen, Velsenbroek, Hillegom, Heemstede, Woerden). In this study 927 participants were followed up twice over four-month intervals (total follow-up eight months). Participants varied in the length of contact with SSW at baseline: (a) contact between 0–6 months; (b) contact between 7 months to 2 years; and (c) contact for 3 years or longer.

Of the total group of 927 participants, 28% ($n = 256$) completed all three questionnaires, 32% ($n = 293$) completed two questionnaires (T0 and T1 or T0 and T2) and 40.8% ($n = 378$) completed only the first questionnaire. (For response rates at follow-up see Figure S1 in Appendix 3). Non-completion was labeled as completing only one or two of the three questionnaires. Several reasons were given for non-completion, like loss of contact with client or (temporary) positive outflow of client (see Table S1 in Appendix 3).

This study was conducted by Research Group Youth Spot (Amsterdam University of Applied Sciences). The Medical Review Ethics Committee region Arnhem–Nijmegen declared that the study was exempt from formal review (registration number 2018/4450).

Focus of current study

In this study we used data from the 332 clients that participated in the third and last wave that was conducted between June 2018 and September 2018. We chose this third wave as we wanted all clients to have had the opportunity to be in touch with and develop a working relationship with the workers for at least eight months.

Participants

Participants were recruited through 90 workers from fifteen SSW teams in the Netherlands. Clients were eligible to participate in the study if they: (a) could complete the questionnaire, conceivably with support, and (b) were aged ≥ 12 . The recruitment of participants for the baseline (first wave) took place between September 2017 and December 2017.

Procedures

Our study protocol and questionnaire were developed in collaboration with fourteen workers and six clients. We organized several focus groups and used the input of workers and clients to fine-tune the questionnaire and study protocol, aligning them with SSW practice. All 90 workers participated in a 3-hour training session to learn the study protocol. They also received a field guide with important instructions, e.g., eligibility criteria and informed consent. During the focus groups the unequal power balance between workers and clients was discussed and all workers were instructed to assure their clients that if they declined participation, this would not influence the support they received. When asking clients to participate, workers verbally described the study to them, gave them an information letter about the study, and encouraged clients to participate in the study. All participants gave written consent before filling in the questionnaire. If the participant was aged < 16 , the worker also described the study to the primary caregivers and asked for their consent.

Participants completed the questionnaire: (a) online, on their own device or their worker's device (if participants used their own device, they received Mega Bytes to access internet) or (b) by filling in a hardcopy version of the questionnaire. To reduce response bias, the workers were not physically present as the clients filled in the questionnaire. Two workers mentioned that they were present when clients filled in the questionnaire, because the client used the worker's device out on the streets and did not know how to use this independently.

Participants were able to ask questions when filling in the questionnaire, preferably to a worker other than their own worker. Participation in the study was voluntary and anonymous. Participants received €5 for a completed questionnaire. Clients were able to choose how and when they received the money or whether they preferred products, like groceries. They could also save the money for a bigger reward, e.g., going to the movies or dinner, after completing 2 or 3 questionnaires.

Measurements

Sociodemographic characteristics

Age, gender, cultural background, and educational level were obtained at baseline.

Clients filled in their age. Cultural background was assessed by self-identification: (a) native Dutch background, (b) bicultural background (combined Dutch and other), and (c) non-Dutch background. Educational level was categorized into (a) very low (did not complete or only completed primary school), (b) low (prevocational secondary education and lower secondary vocational education), (c) intermediate (higher secondary vocational education, senior general secondary education, preuniversity) and (d) high (higher professional education, university education).

SSW metrics

Which phase of SSW contact, frequency of contact with SSW and practical support were assessed at the second follow-up measurement. Length of contact was assessed at baseline.

Regarding SSW phase, clients were asked if they (a) were only in contact with SSW in public areas or (b) received regular support through SSW contact, including intake phase. Frequency of contact was categorized into (a) less than once a month, (b) once a month, (c) every two weeks, (d) once a week and (e) more than once a week. Practical support was assessed with 3 items measured on a five-point Likert-scale ranging from "never" to "very often": "The worker assisted me in finding the information that I needed", "The worker arranged things for me, like an appointment or financial support" and "The worker accompanied me to an appointment". Higher scores indicated more practical support from worker to client. For all scales used, we conducted an exploratory factor analysis (principal component analysis and direct oblimin rotation) on the client responses to determine the validity of the scales used at the first measurement. For 'practical support', the factor analyses showed a valid scale at baseline (74% explained variance and $\alpha = .82$).

Length of contact was assessed at baseline and was categorized into (a) contact between 0–6 months, (b) contact between 7 months to 2 years, and (c) contact for 3 years or longer. Eight months later, at the second follow-up measurement, we therefore used the categories (a) ‘short’ which indicated contact with SSW between 8 and 14 months, (b) ‘intermediate’ which indicated contact with SSW between 15 months and 3 years and seven months, and (c) ‘long’ which indicated contact for 3 years and 8 months or longer.

Working relationship

The working relationship was assessed by using two subscales designed for this study based on relevant literature (Wolf, 2016; Cheng & Ogden, 2012; Baart, 2011; Bordin, 1979).

Relational working relationship

The subscale “relational working relationship” consisted of 20 items and was measured on a five-point Likert-scale ranging from “strongly disagree” to “strongly agree”. Higher scores indicated a stronger perceived relational working relationship. Items were, for example, “The worker is there for me when I need it”, “The worker backs me up when I need it”, “The worker acknowledges how I feel” and “The worker takes what I say or do seriously” (see Appendix 3 for all items). For the relational working relationship, the factor analyses showed a valid scale at baseline (66% explained variance and $\alpha = .97$).

Goal oriented working relationship

The subscale “goal oriented working relationship” consisted of 4 items and was measured on a five-point Likert-scale ranging from “never” to “always”. Higher scores indicate a stronger perceived goal oriented working relationship. Items were “The worker and I set goals together”, “The worker and I develop a strategy together”, “The worker and I discuss the progress of our strategy together” and “I know what tasks I have to do and which tasks the worker does”. For the goal oriented working relationship, the factor analyses showed a valid scale at baseline (81% explained variance and $\alpha = .92$).

Data analyses

Data was analyzed using SPSS PASW Statistics 25. Descriptive statistics were applied to describe socio-demographic client characteristics and SSW metrics with workers. Descriptive statistics of both the relational and goal oriented working relationship are given in Table 1. To examine the associations between client characteristics, SSW metrics and the perceived working relationship we used multiple linear regression analyses. We used the exploratory stepwise backward procedure to prevent exclusion of potentially important variables (Bursac et al., 2008; Field, 2005).

For the multiple linear regressions, we used a cut-off for significance of $p < .10$, as we aimed to identify potential associations instead of testing hypotheses (Ranganathan et al., 2017). Multicollinearity among the associated variables for both regressions was examined with the variance inflation factor (VIF) and indicated by a VIF value > 5 .

RESULTS

Demographic characteristics

Clients were on average 27.7 years old ($SD = 13.74$), most clients were males ($n = 216$; 65.1%), reported a bicultural cultural background ($n = 211$; 63.6%), and reported an intermediate educational level ($n = 161$; 48.5%) (Table 1).

Metrics of SSW

Of all clients, 65.1% ($n = 216$) reported being in contact with workers in public areas, 41.6% ($n = 138$) reported being in contact with workers for a short period of time, 19.3% ($n = 64$) reported being in contact with workers once a week and 19.3% ($n = 64$) reported contact with workers more than once a week. Furthermore, 35.2% ($n = 117$) reported receiving practical support from workers often and approximately 9% ($n = 31$) reported receiving practical support always (Table 1).

Table 1 Demographic characteristics of clients and characteristics of their contact with workers ($n = 332$).

Client characteristics	Total <i>n</i> (%)
Age	$M=27.7$ ($SD=13.74$)
Gender	
Female	116 (34.9)
Male	216 (65.1)
Cultural background	
Only Dutch	86 (25.9)
Bicultural Dutch and other	211 (63.6)
Non-Dutch	35 (10.5)
Educational level	
Very low	33 (9.9)
Low	112 (33.7)
Intermediate	161 (48.5)
High	26 (7.8)
SSW metrics	
Phase of contact	
Contact in public areas	216 (65.1)
Regular support	116 (34.9)
Length of contact	
Short (8–14 months)	138 (41.6)
Intermediate (15–43 months)	96 (28.9)
Long (44 months or longer)	98 (29.5)
Frequency of contact	
Less than once a month	77 (23.2)
Once a month	54 (16.3)
Every two weeks	73 (22.0)
Once a week	64 (19.3)
More than once a week	64 (19.3)
Practical support	
Never	33 (9.9)
Almost never	45 (13.6)
Occasionally	106 (31.9)
Often	117 (35.2)
Always	31 (9.3)

The working relationship

Relational part of the working relationship

Generally, clients were largely positive about the relational working relationship with workers ($M = 4.18$, $SD = 0.63$). Additional analyses showed that the variables gender, phase of contact, frequency of contact and practical support were associated with the relational working relationship ($F(8, 323) = 9.222$, $p < .001$, $R^2 = .169$, $R^2_{\text{adjusted}} = .166$). Here, positive associations were found among female clients, clients who were in contact with SSW workers at least once a month or more (76.9%; $n = 255$), and clients who received practical support often or always (44.8%, $n = 148$). These clients were more likely to perceive a stronger relational working relationship with workers (Table 2). A negative association was found for clients who met workers only in public areas (65.1%; $n = 216$). These clients were more likely to perceive a weaker relational working relationship (Table 2).

Goal oriented part of the working relationship

In general, clients were mostly neutral about the goal oriented working relationship with workers ($M = 3.12$, $SD = 1.20$). Additional analyses showed that the variables phase of contact, length of contact, frequency of contact and practical support were associated with the goal oriented working relationship ($F(9, 3122) = 23.409$, $p < .001$, $R^2 = .396$, $R^2_{\text{adjusted}} = .379$). Here, positive associations were found among clients who were in contact with SSW workers at least once a month (76.9%; $n = 255$), and clients who received practical support occasionally or more often (62.9%; $n = 254$), showing these clients were more likely to perceive a stronger goal oriented working relationship with workers (Table 3). Negative associations were found among clients who were in contact with SSW workers only in public areas (65.1%; $n = 216$), and clients who were in contact with workers for a long period (29.5%; $n = 98$): the latter were more likely to perceive a weaker goal oriented working relationship (Table 3).

Table 2 Results of stepwise backward multiple linear regression to explore relationships between client characteristics and the relational working relationship

Model/variable	R ²	Beta	t	95% CI [LL, UL]	p
Relational working relationship					
Model 1	.192				
Age		-.003	-.059	[-.01, .01]	.953
Gender					
Male		Ref			
Female		.159	3.061	[.07, .34]	.002***
Phase of SSW					
Public areas		-.123	-2.128	[-.31, -.01]	.034**
Regular support		Ref			
Length of contact					
Short		Ref			
Intermediate		.005	.081	[-.15, .16]	.935
Long		.060	.975	[-.08, .25]	.330
Frequency of contact					
<Once a month		Ref			
Once a month		.103	1.679	[-.03, .38]	.094*
Every two weeks		.201	3.056	[.11, .50]	.002***
Once a week		.150	2.364	[.04, .44]	.019**
> Once a week		.184	2.826	[.09, .50]	.005***
Practical support					
Never		Ref			
Almost never		.017	.320	[-.33, .46]	.749
Occasionally		-.049	-.933	[-.27, .01]	.352
Often		.076	1.410	[-.05, .31]	.160
Always		.247	4.711	[.40, .96]	<.001
Final model	.186				
Gender					
Female		.146	2.878	[.06, .32]	.004***
Phase of SSW					
Public areas		-.111	-2.088	[-.28, -.01]	.038**
Frequency					
Once a month		.102	1.695	[-.03, .37]	.091*
Every two weeks		.197	3.083	[.11, .48]	.002***
Once a week		.146	2.333	[-.04, .43]	.093*
> Once a week		.196	3.102	[.11, .51]	.002***

Table 2 Results of stepwise backward multiple linear regression to explore relationships between client characteristics and the relational working relationship (*continued*)

Model/variable	R ²	Beta	t	95% CI [LL, UL]	p
Practical support					
Often		.087	1.653	[-.03, .33]	.099*
Always		.255	4.946	[.42, .98]	<.001****

Note. CI = confidence interval; LL = lower limit; Ref = reference group; UL = upper limit. All the variance inflation factor (VIF) values for the associations were <5, indicating that there was no multicollinearity in the model.

Bold values indicate significant associations. * Indicates potential association ($p < .10$); ** Indicates association ($p < .05$); *** Indicates association ($p < .01$); **** Indicates association ($p < .001$).

Table 3 Results of stepwise backward multiple linear regression to explore relationships between client characteristics and goal oriented working relationship

Model/variable	R ²	Beta	t	95% CI [LL, UL]	p
Goal oriented working relationship					
Model 1	.401				
Age		-.013	-.246	[-.01, .01]	.806
Gender					
Male		Ref			
Female		.055	1.228	[-.08, .36]	.220
Phase of SSW					
Public areas		-.151	-3.023	[-.63, -.13]	.003***
Regular support		Ref			
Length of contact					
Short		Ref			
Intermediate		-.020	-.403	[-.31, .20]	.687
Long		-.089	-1.692	[-.51, .04]	.092*
Frequency of contact					
<Once a month		Ref			
Once a month		.262	4.976	[.51, 1.19]	<.001****
Every two weeks		.323	5.718	[.61, 1.26]	<.001****
Once a week		.407	7.446	[.91, 1.56]	<.001****
> Once a week		.330	5.982	[.67, 1.16]	<.001****
Practical support					
Never		Ref			
Almost never		-.045	-.998	[-.98, .32]	.319

Table 3 Results of stepwise backward multiple linear regression to explore relationships between client characteristics and goal oriented working relationship (*continued*)

Model/variable	R ²	Beta	t	95% CI [LL, UL]	p
Occasionally		.125	2.780	[.13, .74]	.006***
Often		.233	4.994	[.47, 1.07]	<.001****
Always		.263	5.832	[.92, 1.86]	<.001****
Final model	.396				
Phase of SSW					
Public areas		-.154	-3.252	[-.62, -.15]	.001***
Length of contact					
>3 years and 8 months		-.097	-2.131	[-.49, -.02]	.034**
Frequency					
Once a month		.270	-5.183	[.54, 1.21]	<.001****
Every two weeks		.330	5.999	[.64, 1.27]	<.001****
Once a week		.413	7.631	[.93, 1.58]	<.001****
> Once a week		.335	6.084	[.69, 1.35]	<.001****
Practical support					
Occasionally		.130	2.918	[.15, .75]	.004***
Often		.237	5.151	[.48, 1.08]	<.001****
Always		.270	6.048	[.97, 1.90]	<.001****

Note. CI = confidence interval; LL = lower limit; Ref = reference group; UL = upper limit. All of the variance inflation factor (VIF) values for the associations were < 5, indicating that there was no multicollinearity in the model.

Bold values indicate significant associations. * Indicates potential association ($p < .10$); ** Indicates association ($p < .05$); *** Indicates association ($p < .01$); **** Indicates association ($p < .001$).

DISCUSSION

The aim of this study was to examine, from the perspective of clients, the working relationship in SSW after a minimum of eight months of contact with a worker and whether client characteristics (gender, age) and SSW metrics (phase, length, and frequency of contact, and practical support) were associated with the perceived relational and goal oriented parts of the working relationship.

The results on the SSW metrics (65% was not yet ready for engaged help, 58% was still in contact after 15 months and 45% still needed practical support after a period of 8 months) may be an indication of the high levels of marginalization

among clients. This is in line with the observation that much time and effort is needed for clients to become receptive to the attempts of workers to engage (Rauwerdink-Nijland et al., *submitted*; Andersson, 2013; Redko et al., 2006).

The perceived relational part of the working relationship

Clients perceive a stronger relational working relationship with workers after having been in touch with them for at least 8 months. By establishing and sustaining contact, an important part of the relational working relationship, workers seem to be able to engage with clients and function as a bridge towards society. This is important as SSW clients frequently feel overlooked in society (Andersson, 2013; Baart, 2011) and lack a social network (Rauwerdink-Nijland et al., *submitted*). Our results also showed that female clients perceive a stronger relational working relationship with workers compared to male clients. This may be due to the higher safety risks females face on the streets (Reep, Akkermans & Kloosterman, 2022), leading to a larger need for a trustful relationship with workers as a kind of refuge (Boomkens et al., 2019), as a means to feeling confident enough to share their problems with workers (Rauwerdink-Nijland et al., *submitted*; Fyfe et al., 2018; Abdallah et al., 2017; Leadbeater, Blatt & Quinlan, 1995).

Furthermore, clients who had at least monthly contact perceived a stronger relational working relationship than clients who contact less than once a month. This indicates that frequent contact might be necessary to establish and sustain a relationship in which clients feel respected and taken seriously, experience that workers understand their situation, and believe workers will back them up and are available when needed.

Additionally, clients who often or always receive practical support were more likely to perceive a stronger relational working relationship. The higher amount of practical support may help clients believe that workers truly want to support them in improving their living conditions. In addition, they may also experience more positive changes due to the high amount of practical support, which increases their hopes for a better future (Wolf, 2016; Greenberg, Rice, & Elliott, 1993) and increases their trust in workers and thus contributes to a stronger relational working relationship.

Finally, results showed that clients who only met workers in public areas were more likely to perceive a weaker relational working relationship. This may be because the lives of these clients is often about sheer survival, a primary concern that leaves them no mental space to build a relationship. Moreover, these clients

may be more distrustful to others, including professionals, and are more reluctant to engage with workers (Reynaert et al., 2021; Kolar et al., 2015; Redko, et al, 2006; Morse et al., 1996), as opposed to client already engaged and who has therefore experienced and opened up to the unconditional support from a worker and (with the help of SSW) are often off the streets and sleeping in shelters. This indicates that workers must first invest heavily in the relationship with clients in order to gain trust (Sanches et al, 2019; Wilkens & den Hollander, 2019).

Perceptions on the goal oriented part of the working relationship

Clients were neutral in respect to the goal oriented working relationship with workers. This might be due to the cautiousness of marginalized people in accepting support and envisaging that changes in their lives are possible (Kolar et al., 2015; Andersson, 2013). Setting and working on goals most likely confronts them with the challenges they have frequently avoided dealing with, sometimes for several years (Andersson, 2013; Redko, et al, 2006; Morse et al, 1996), making them anxious about working on goal realization. Their anxiety may also be fueled by the “why try effect”, due to previous negative experiences and failures, which discourages them in pursuing personal goals as they do not expect to succeed (Sanches et al., 2019; Corrigan, Larson & Rüsck, 2009).

The finding that clients were neutral in respect to the goal oriented working relationship may also indicate that workers focus more on the relational aspects of the working relationship than on goal realization. This may be especially the case for clients who were in contact with SSW only in public areas. These clients perceived a weaker goal oriented working relationship. This is in line with previous research showing that workers must first invest heavily in the relationship to gain trust in order to work towards goals more systematically (Rauwerdink-Nijland & Metz, 2022; Sanches et al, 2019; Wilkens & den Hollander, 2019; Baart, 2011). In addition, working towards specific goals may be very challenging for clients who are only in contact with workers in public areas, especially given that the “why try effect” may be even more pronounced in this subgroup, in combination with the mismatch between client needs and the available support and recovery resources or the experienced difficulty in accessing these. As is the case for the relational part of the working relationship, the goal oriented part seems to thrive with a higher frequency of contact (more than once a month) and more practical support. Both seem to add to the awareness and need for shared decision making and the set-

ting and realization of goals (Sanches et al., 2019; Drake, Deegan & Rapp, 2010). Clients who were in contact with workers for a long period of time were more likely to perceive a weaker goal oriented working relationship. Perhaps these clients over time may have lost all hope and perspective and therein the willpower to work towards improving their living conditions (Ryan & Deci, 2000). It is the task of workers to sustain hope and in small steps keep working on goals that are meaningful for clients (Wolf, 2016; Pijnenburg, 2010).

The results of this study indicate that the goal oriented part of the working relationship may not get sufficient attention, also given its importance for generating hope, well-being, and better living conditions. Reflection on the strengths and weaknesses of the goal oriented part of the working relationship in SSW is needed to enhance this critical part of the working relationship, the more so because this goal oriented part appears to be crucial for a productive working relationship (Sanches et al., 2019; Wolf, 2016; Drake, Deegan & Rapp, 2010).

Strengths and limitations

This study has several strengths. First, to our knowledge, this is the first study that focused on marginalized people's perspectives of the working relationship in street outreach work. A second strength is the relatively large sample size of this study ($n = 332$). A third strength is the questionnaire developed in close collaboration with workers and clients, which ensured a questionnaire attuned to real life practice and to the daily lives and abilities of clients. Fourthly, this study was carried out among 15 teams located in seven municipalities in the northwest of the Netherlands, meaning that our findings can be generalized to both medium-sized and larger cities. Finally, this study used a questionnaire in which clients reported from their perspective about their working relationship. This is important as a client's own perspective has been found to be a stronger predictor of outcomes than a worker's perspective (Sanches et al, 2019; Luborsky, 1994).

Several limitations must be considered when interpreting the results. First, the analyses in this study do not allow inferences of causality. Second, this study focused on marginalized people who were in contact with a SSW organization in the Netherlands, which hampers generalization of our results to other countries. It would be interesting to examine whether the study findings also apply to SSW in other welfare states. Finally, future research should include both the client's and the worker's perspectives on the working relationship.

CONCLUSION

This study examined and confirmed that it is possible to establish and retain a working relationship between marginalized people and workers. The results showed workers were able to establish positive relational working relationships, in which frequent contact is beneficial. To realize a positive goal oriented working relationship, workers need to recognize the importance of continuing to set goals (and celebrating achievements), especially in long-term contact. Finally, providing practical support can improve the working relationship, both the relational and goal oriented part.

SUPPLEMENTARY MATERIALS

The supplementary materials for this article can be found in Appendix 3.

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5





Caregivers supporting marginalized people who are in contact with street outreach workers

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ABSTRACT

Objective: In this Lesson from the Field, we examine changes in the burden experienced by caregivers of persons who experience homelessness associated with lack of employment, employability or education, and mental health challenges when the care recipient receives support from an outreach professional known as a social street worker (herein identified as worker). In addition, we focus on caregivers' perception of change in the quality of their relationship with the person for whom they care and whether the caregivers receive support from the worker.

Background: In the Netherlands, due to the transformation toward a participation society, persons living in compromised circumstances must increasingly rely on caregivers for support and shelter instead of relying on services, such as support from social community teams.

Methods: Workers provided by a Dutch organization covering the northwest of the Netherlands gained the consent of their clients to contact the clients' caregivers. Caregivers were invited to participate in the research and completed consent. A total of 111 caregivers of persons receiving support from workers completed surveys.

Results: Caregivers who had more contact with the worker worried less about the person for whom they provided care. No changes were found regarding tension between caregivers and the person for whom they cared. Most caregivers (73%) perceived positive changes in the quality of the relationship with the person for whom they provided care, and 52% received support from the worker.

Conclusion: Most caregivers did not perceive changes in their burden but did perceive positive changes in the quality of the relationship with the person for whom they cared and received support themselves.

Implications: Our study underpins the need to recognize the caregiver's burden of caregivers who support marginalized people, to connect with these caregivers, and to support them.

INTRODUCTION

In the Netherlands, there has been a transformation from a welfare state toward a participation society. This transition is marked by a change in access to services and a focus on an active citizenship to provide support instead of professionals, with professional support only available as a last resort. This means that people who live in compromised circumstances and are not able to live independently must increasingly rely on the support of their family and friends instead of on professional services.

In this Lesson from the Field, we focus on the burden of care experienced by the caregivers who support family or friends who live in these compromised circumstances. Specifically, we focus on caregivers of persons who are receiving contact from an outreach professional known as a social street worker (herein identified as workers). From the perspective of the caregiver, we examine changes in caregivers' burden before and after the persons they support came in contact the worker. We also examine changes in the caregivers' relationship with the ones they support and whether as caregivers they receive support from the workers themselves.

BACKGROUND

Clients of the workers

Clients of workers are often homeless, sleep in hostels or in insecure or inadequate housing, often change shelter (Rauwerdink-Nijland & Metz, 2020; Winarski, 2004), and face a multitude of problems for which they do not yet receive the professional support they need (Rauwerdink-Nijland & Metz, 2020; Andersson, 2013; Mikkonen et al, 2007). These clients often have a low educational level (Rauwerdink-Nijland & Metz, 2020; Rutenfrans-Stupar et al., 2019), intellectual disabilities (van Straaten, 2016), and/or experience mental health problems (e.g., depression and anxiety) and have substance use problems (Thompson et al., 2010; van Laere et al., 2009; Fazel et al., 2008). Furthermore, they often have debts (Rutenfrans-Stupar et al., 2019; Korf et al., 1999), are unemployed (Rutenfrans-Stupar et al., 2019; van Laere, 2009; Tyler & Whitbeck, 2004), involved in criminal activities (Coston & Friday, 2017; Tyler & Whitbeck, 2004), and struggle to maintain a daily routine (Szeintuch, 2015; Mikkonen et al., 2007). Many of these persons experience family conflicts, rely solely

on support of peers, or have no social network (Mago et al., 2013; Mayock et al., 2013; Tsai et al., 2012; Mallett et al., 2009).

Outreach method of the workers

Social street work is a professional social work outreach method and is characterized by long-term commitment to people in the margins of society. These workers spend most of their time in public areas, like streets and parks, to reach out to their clients (Szeintuch, 2015; Andersson, 2013; Mikkonen et al, 2007). On the streets, the workers see the poor living conditions of clients and how the persons struggle to hold their own. Workers offer support (Rauwerdink-Nijland & Metz, 2022; Szeintuch, 2015; Andersson, 2013; Mikkonen et al, 2007) and are known for their ability to create rapport, generate trust, and develop motivation for receiving support (Rauwerdink-Nijland & Metz, 2020; Schout, 2007). Workers try to bridge the gap between clients and the services that can eventually provide the support needed (Rauwerdink-Nijland & Metz, 2022; Andersson, 2013).

In the Netherlands, this type of social street work is often organized by public welfare agencies and funded by local governments. The professional workers have a bachelor's degree or a vocational education in social work. Typically, workers have contact with 40–50 clients. The primary focus of workers are the clients, but because of their persistent presence in the environment of these clients, workers also connect to and maintain in contact with the network around clients (Rauwerdink-Nijland & Metz, 2022); for example, with neighbors, parents, siblings, entrepreneurs, administrators, or other professionals. Their connections with people around clients reflect the ecological approach in street outreach work (Bronfenbrenner, 1979).

Supporting caregivers of compromised clients

Providing support to caregivers of compromised clients is important, as existing literature suggests that (a) caregivers of people who live in compromised circumstances frequently have difficulties in holding their own, and providing care to marginalized people magnifies their already existing challenges (Polgar, 2011). (b) Caregivers who differ from “traditional” caregivers in gender, age, nature of the relationship, cultural background, or educational level, as the caregivers of workers' clients often do, are systematically overlooked as caregivers and, therefore, do not receive the support they need from services (de Klerk et al., 2015). (c) These caregivers seem to perceive a higher caregiver's burden than the traditional caregivers

because the care they provide is more intensive and consumes more time because of the complex nature of the problems of marginalized people like workers' clients (Wittenberg et al., 2013; Polgar, 2011; Polgar et al., 2006). Lastly, (d) these caregivers are not able to find suitable support themselves (Wittenberg et al., 2013) because they do not know where to turn for help and struggle with embarrassment to ask for help, possibly out of fear of losing control over the support they provide or fear of being rejected by professionals (Linders, 2010). When these caregivers do ask for help, their problems have often piled up and escalated and, therefore, are difficult to solve (Linders, 2010).

Furthermore, the effort of the worker to make contact with and provide support to clients' caregivers is vital to clients as they depend heavily on their caregivers to fulfill their basic needs, such as shelter, food, and financial support (Polgar, 2011; Polgar et al., 2006; Spillman & Pezzin, 2000). Caregivers also provide the necessary support when clients try to exit homelessness, attain stable housing (van Straaten, 2016), and rebuild their lives (van Straaten, 2016; Caton et al., 2005). This type of support for caregivers is becoming more pressing in light of the transformation to the participation society, in which services are the last and temporary resort when the private market and the family, or other persons in the social network, fall short (Verhoeven & Tonkens, 2013).

The dependence of clients on their caregivers is the main reason workers make a strong effort to reestablish or strengthen contact between clients and their caregivers. If needed, workers also support clients' caregivers to deal with their own personal problems or with supporting clients (Kruiswijk & Nanninga, 2017). These caregivers can be family-related caregivers, such as parents, uncles, or grandparents, and non-family-related caregivers like friends or acquaintances (Bredewold et al., 2016; Polgar, 2011; Polgar et al., 2006; Caton et al., 2005). The frequency and length of the contact with clients and their caregivers depend on the needs of clients and their caregivers.

Need to explore caregivers' situations

In the Netherlands and elsewhere, research examining caregivers of people who live in compromised circumstances, like those supported by workers in the Netherlands, is scarce (Wittenberg et al., 2013; Polgar, 2011; Polgar et al., 2006). However, the need for research on this population is becoming more urgent given the political context in which caregivers are expected to provide more support to their family and friends (Verhoeven & Tonkens, 2013). Moreover, very little is known about the

relationship between these caregivers with the ones they support and if these caregivers are able to manage their daily living and support of the compromised person requiring living assistance.

The purpose of the present study is to examine the experience of the clients' caregivers when the clients have support from the worker. Specifically, we examine whether clients' contact with the worker is associated with a change in caregivers' perceived burden in providing care, whether a change in the caregivers' experience leads to a change in quality of the relationship with the workers' clients, and whether caregivers receive support from the workers themselves. We examine whether there is an association between the potential perceived changes in the caregiver's burden and the demographics of the caregivers (gender, age), as well as the metrics of the contact with the worker (length and frequency of contact). Additionally, we examine whether there is an association between the support that the caregivers receive from the worker and the demographics (gender, age) and metrics of contact with the worker (length and frequency of contact). This study provides an important lesson learned because it generates insight into the situation of caregivers supporting marginalized people like the workers' clients and the need to support this systematically overlooked group (Wittenberg et al., 2013).

Defining what to study

Who are the caregivers?

To generate insight into who provides care to clients of the worker, the nature of the relationship between caregiver and client was categorized as either parent; non-parental family member, like child or grandparent; and non-family-related carer, like friend or acquaintance. We assessed age to generate insight into the age of the caregivers and to examine whether age is related to the perceived changes in the caregiver's burden, the quality of the relationship, and the support caregivers received from the worker. Age was categorized into three age categories based on relevant literature (Erikson & Erikson, 1998): 17–35 years, 36–50 years, and 51 years and older.

To generate insight into the socioeconomic position of caregivers, education was categorized into four levels: very low (did not complete or only completed primary school), low (prevocational secondary education, lower secondary vocational education), intermediate (higher secondary vocational education, senior general secondary education, preuniversity) and high (higher professional education,

university education). To generate further insight into the socioeconomic position of caregivers, daytime activities were categorized into “I have regular daytime activities” (school, job, voluntary work, participation in a reintegration trajectory) and “I have no regular daytime activities.”

Worker–caregiver contact

To generate insight into the differences in contact between caregivers and worker, the length of their contact was categorized into less than 6 months, between 6 months and 1 year, between 1 and 3 years, and 3 years or longer. Frequency of contact was categorized into less than once a month, once a month, every 2 weeks, and once every week or more.

Perceived change in caregiver’s burden

We used two scales of the European version of the Involvement Evaluation Questionnaire (IEQ; van Wijngaarden et al., 2000) to measure the extent into which caregivers perceived a change in the caregiver’s burden (i.e., worrying and tension) since clients received support from the workers. The scale “worrying” covers painful interpersonal cognitions and consisted of six items, for example, “I worry about client’s received support” or “I worry about the client’s safety.” The scale “tension” refers to the strained interpersonal atmosphere and originally consisted of nine items, for example, “client’s mental health feels like a burden to me” or “I am annoyed by client’s behaviour.” Regarding both scales, we have measured the perceived change by adding “Since clients received support from the worker.” Items of both scales were measured on an adapted 4-point Likert scale (1 = *not anymore*, 2 = *less*, 3 = *same amount*, 4 = *more*). Participants could also select the answer “does not apply,” which indicated they did not experience a burden at all. For both scales, a mean score was calculated where higher scores indicated a higher burden. We excluded four items from this scale in the analyses due to high percentages of answers of “does not apply” (>50%), which indicates that these items were not applicable for our respondents (see Appendix 4). As we adapted the original scales, we conducted an exploratory factor analysis (principal component analysis and direct oblimin rotation) of the responses of the caregivers to determine the validity of both scales. The factor analyses showed that the six items of worrying form a valid scale (63% explained variance and $\alpha = .73$) as do the five items of tension (52.9% explained variance and $\alpha = .83$).

Perceived change in quality of the relationship

We assessed whether the caregivers perceived a change in the quality of the relationship with the clients, since the clients were supported by the worker. This item was measured on a 3-point Likert scale (1 = *worsened*, 2 = *no change*, 3 = *improved*).

Received support

Caregivers reported if they received support from worker themselves since the client received support from worker (0 = *no support*, 1 = *support*).

Study description

We carried out a survey among caregivers being in touch with workers provided by a Dutch organization covering the northwest of the Netherlands between March and October 2018. Caregivers ($n = 111$) were recruited through 90 workers of 15 teams of this organization, located in seven municipalities in the Netherlands (Amsterdam, Haarlem, Velsen, Velsenbroek, Hillegom, Heemstede, Woerden). After consent from workers' clients, workers asked caregivers to fill in a questionnaire. Written informed consent was obtained before filling in the questionnaire. The questionnaire was divided into five blocks: (a) demographic characteristics, (b) characteristics of contact with worker, (c) perceived change in their burden as a caregiver, (d) perceived change in the relationship with person for whom they provide care, and (e) the support caregivers received from the worker.

The study population consisted of caregivers who (a) provided (temporary) shelter to clients, and (b) were in touch with the worker. Participation in the study was voluntary and anonymous. Participants did not receive any incentive and could choose whether they wanted to fill in the digital or paper-and-pencil version of the questionnaire. The digital version was distributed by the worker through WhatsApp or email and was filled in on the participant's own device or the participant could use a device of the worker. To reduce response bias, the workers were not physically present as the caregivers filled in the questionnaire. Four caregivers received assistance from a researcher when filling in the questionnaire. The length of filling in the questionnaire was approximately 15 minutes.

Statistical analyses

Data were analyzed using IBM SPSS Statistics 25. Descriptive analyses were performed to describe the sociodemographic characteristics of the workers' client's

caregiver (gender, nature of relationship, age, educational level, daytime activities), and the characteristics of their contact with worker (length, frequency). Six caregivers had missing answers on the question about daytime activities and therefore were excluded from analyses.

To examine relationships between caregivers' gender, age, and nature of relationship and their educational level and daily activities, we performed chi-square tests followed by pairwise comparisons with Bonferroni corrections. To examine the associations between the perceived change in the caregiver's burden and the characteristics of the caregivers and their contact with worker we used multiple linear regression analyses. For both subscales of the caregiver's burden (i.e., worrying and tension), we only included the caregivers ($n = 62$) who did not, or only once, selected the answer "does not apply." When caregivers did select the answer "does not apply" once, a score of zero for that specific item was included calculating the mean score.

To investigate whether the characteristics of caregivers with missing scores on caregiver's burden differed from those who were included in the analyses, we used chi-square tests. Both groups were found to be similar in terms of gender, daytime activities, and length and frequency of contact (Appendix 4). Parents, caregivers aged between 36–50 years, and caregivers with a very low educational level were overrepresented in the group of included participants. Caregivers aged between 17–35 years and non-family-related caregivers were underrepresented in the included group (see Appendix 4). To examine the associations between sociodemographic and contact characteristics and both the perceived change in the quality of the relationship between caregivers and clients and the caregivers' received support, we used exploratory stepwise backward (likelihood ratio) binary logistic regression analyses. We used the exploratory stepwise backward procedure to prevent exclusion of potentially important variables (Bursac et al., 2008; Field, 2005).

Regarding the perceived change in the quality of the relationship, the answers showed a very skewed distribution: Only three caregivers reported a worsened quality of the relationship. We, therefore, dichotomized the quality of the relationship into "improved" and "not improved."

For both the linear and logistic regressions we used a cutoff for significance of $p < .10$, as we aimed to identify potential associations instead of testing hypotheses (Ranganathan et al., 2017). Multicollinearity among the associated variables for both regressions was examined with the variance inflation factor (VIF) and indicated by a VIF value >5 . For the logistic regression, the Nagelkerke R^2 is reported as a

measure of generalized variance explained by the model. The Hosmer-Lemeshow goodness-of-fit test was used to assess the validity of the logistic models.

RESULTS

Who are clients' caregivers?

Most caregivers were relatives ($n = 70$; 63%), of which most were parents ($n = 52$; 47%), and over a third ($n = 41$; 37%) were non-family-related caregivers, like friends (Table 1). More than half of caregivers were women ($n = 71$; 64%), and caregivers aged between 17–35 years and 36–50 years represented the largest age groups (both $n = 40$; 36%). About half of the caregivers ($n = 60$; 54%) reported an intermediate educational level, and more than half of the caregivers ($n = 73$; 66%) reported having regular daytime activities, like work. Additional analyses showed that caregivers aged between 17–35 years were less likely to be very low educated ($p < .001$) and caregivers aged 51 years and older ($p < .001$) and parents ($p < .001$) were more likely to be very low educated (see Appendix 4). Caregivers aged between 17–35 years were more likely to report having regular daily activities ($p < .01$) and caregivers aged 51 years and older ($p < .001$) and parents ($p < .01$) were more likely to report an absence of daily activities (see Appendix 4).

Table 1 Sociodemographic characteristics and characteristics of contact with worker of total sample

Characteristics	Total <i>n</i> (%)
	111 (100)
Sociodemographic characteristics	
Nature of relationship	
Parent	52 (46.8)
Non-parental family member	18 (16.4)
Non-family-related	41 (36.9)
Gender	
Female	71 (64.0)
Male	40 (36.0)
Age	
17–35	40 (36.0)
36–50	40 (36.0)

Table 1 Sociodemographic characteristics and characteristics of contact with worker of total sample (*continued*)

Characteristics	Total <i>n</i> (%)
	111 (100)
51 and older	31 (28.0)
Educational level	
Very low	28 (25.2)
Low	5 (4.5)
Intermediate	60 (54.1)
High	18 (16.2)
Daily activities (<i>n</i> = 105)	
Regular activities	73 (65.8)
No regular activities	32 (28.8)
Characteristics of contact	
Length	
Less than 6 months	25 (22.5)
Between 6 months and 1 year	22 (19.8)
Between 1–3 years	33 (29.7)
More than 3 years	31 (27.9)
Frequency	
Less than once a month	31 (27.9)
Once a month	27 (24.3)
Every 2 weeks	30 (27)
Every week or more	23 (20.7)

Characteristics of contact with worker

Of all caregivers, 42% (*n* = 47) were in contact with a worker for less than 1 year. Approximately half of the caregivers (*n* = 58; 52%) reported having contact with a worker once a month or less (Table 1).

Perceived change in caregiver's burden

Generally, caregivers perceived almost no change in worrying ($M = 3.03$, $SD = 0.49$) and tension ($M = 3.05$, $SD = 0.56$) since clients were supported by workers. For worrying, 82.3% (*n* = 51) of the caregivers reported no changes, 6.5% (*n* = 4) reported a reduction, and 11.3% (*n* = 7) reported an increase in worrying. Furthermore, for caregivers who had contact with worker once a week or more, and for caregivers without daily activities, a decrease in worrying was found, $F(2, 55) = 3.517$, $p = .037$, $R^2 = .113$, $R^2_{\text{adjusted}} = .081$ (Table 2).

For tension, 70.3% ($n = 45$) of caregivers reported no changes, 12.5% ($n = 8$) reported a reduction, and 17.2% ($n = 11$) reported an increase. None of the sociodemographic and contact characteristics showed significant associations with the perceived changes in tension (Table 3).

Table 2 Results of stepwise backward multiple linear regression to explore relationships between characteristics of caregivers and perceived changes in worrying about workers' client

Model/variable	R^2	Beta	t	95% CI [LL, UL]	p
Worrying					
Model 1	.193				
Female		Ref			
Male		.029	0.189	[-0.28, 0.34]	.851
Age					
17–35 years		Ref			
36–50 years		.056	0.232	[-0.42, 0.53]	.818
51 years and older		.026	0.098	[-0.61, 0.67]	.922
Nature of relationship					
Parent		Ref			
Non-parental family member		-.178	-0.956	[-0.75, 0.27]	.344
Non-family-related		-.201	-1.071	[-0.70, 0.21]	.290
Daytime activities					
Regular daytime activities		Ref			
No regular daytime activities		.244	1.389	[-0.10, 0.57]	.172
Length					
<6 months		Ref			
6 months–1 year		.105	0.543	[0.35, 0.60]	.590
1–3 years		-.130	-0.615	[-0.59, 0.31]	.542
>3 years		-.078	-0.307	[-0.64, 0.47]	.760
Frequency					
<Once a month		Ref			
Once a month		-.102	-0.562	[-0.51, 0.29]	.577
Every 2 weeks		-.166	-0.897	[-0.57, 0.22]	.374
Once a week or more		-.254	-1.483	[-0.90, 0.14]	.145
Final model	.113				
Daytime activities					
No regular daytime activities		.234	1.844	[-0.02, 0.50]	.071*
Frequency					

Table 2 Results of stepwise backward multiple linear regression to explore relationships between characteristics of caregivers and perceived changes in worrying about workers' client (*continued*)

Model/variable	R ²	Beta	t	95% CI [LL, UL]	p
Once a week or more		-.231	-1.819	[-0.73, 0.04]	.074*

Note. CI = confidence interval; LL = lower limit; Ref = reference group; UL = upper limit. All of the variance inflation factor (VIF) values for the associations were < 5, indicating that there was no multicollinearity in the model.

Bold values indicate significant associations. * Indicates potential association ($p < .10$).

Table 3 Results of stepwise backward multiple linear regression to explore relationships between characteristics of caregivers and perceived changes the tension between caregiver and workers' client

Model/variable	R ²	Beta	t	95% CI [LL, UL]	p
Tension					
Model 1	.173				
Female		Ref			
Male		.006	0.041	[-0.32, 0.34]	.968
Age					
17–35 years		Ref			
36–50 years		-.182	-0.768	[-0.73, 0.33]	.447
51 years and older		-.148	-0.577	[-0.90, 0.50]	.566
Nature of relationship					
Parent		Ref			
Non-parental family member		-.051	-0.284	[-0.62, 0.47]	.778
Non-family-related		.044	0.231	[-0.45, 0.57]	.818
Daytime activities					
Regular daytime activities		Ref			
No regular daytime activities		-.071	-0.434	[-0.48, 0.31]	.666
Length					
<6 months		Ref			
6 months–1 year		-.241	-1.309	[-0.83, 0.18]	.197
1–3 years		.070	0.367	[-0.41, 0.59]	.715
>3 years		.217	0.953	[-0.28, 0.79]	.345
Frequency		Ref			
<Once a month					
Once a month		-.381	-2.168	[-0.90, -0.04]	.035**
Every 2 weeks		-.190	-1.059	[-0.65, 0.20]	.295

Table 3 Results of stepwise backward multiple linear regression to explore relationships between characteristics of caregivers and perceived changes the tension between caregiver and workers' client (*continued*)

Model/variable	R ²	Beta	t	95% CI [LL, UL]	p
Once a week or more		-.219	-1.385	[-1.00, 0.18]	.173
Final model	-				
Constant		-	44.485	[2.91, 3.19]	<.001

Note. CI = confidence interval; LL = lower limit; Ref = reference group; UL = upper limit. All of the variance inflation factor (VIF) values for the associations were < 5, indicating that there was no multicollinearity in the model.

Bold values indicate significant associations. ** Indicates potential association ($p < .05$).

Change in relationship of caregivers and clients

Most of the caregivers ($n = 81$; 73%) reported a positive change in the relationship with clients since the latter received support from workers. We identified being non-parental family members (OR = 0.20, $p = .041$), non-family-related caregivers (OR = 0.08, $p < .001$), and being in contact with worker between 1–3 years (OR = 0.19, $p = .018$) as negatively associated characteristics, as these caregivers reported more often that the quality of the relationship with workers' clients had not improved (Table 4).

Table 4 Results of stepwise backward binary logistic regression to identify potential associations for the perceived change in the quality of the relationship ($n = 111$)

Model/variable	OR	95% CI	p value	Nagelkerke's R ²
Quality of the relationship				
Model 1 ^a				.434
Female	Ref			
Male	1.489	[0.41, 4.71]	.498	
Age				
17–35 years	Ref			
36–50 years	2.598	[0.51, 13.20]	.250	
51 years and older	0.455	[0.63, 3.30]	.436	
Nature of relationship				
Parent	Ref			
Non-parental family member	0.277	[0.39, 1.98]	.200	
Non-family-related	0.095	[0.02, 0.61]	.013**	
Daytime activities				

Table 4 Results of stepwise backward binary logistic regression to identify potential associations for the perceived change in the quality of the relationship ($n = 111$) (*continued*)

Model/variable	OR	95% CI	<i>p</i> value	Nagelkerke's <i>R</i> ²
Regular daytime activities	Ref			
No regular daytime activities	2.277	[0.49, 10.68]	.297	
Length				
<6 months	Ref			
6 months–1 year	0.620	[0.13, 2.94]	.547	
1–3 years	0.140	[0.03, 0.71]	.018**	
>3 years	1.311	[0.22, 7.74]	.765	
Frequency				
<Once a month	Ref			
Once a month	1.56	[0.37, 6.67]	.546	
Every 2 weeks	6.67	[1.11, 40.22]	.038**	
Once a week or more	1.62	[0.35, 7.54]	.538	
Final model ^b				.319
Nature of relationship				
Non-parental family member	0.204	[0.05, 0.94]	.041**	
Non-family-related	0.080	[0.02, 0.29]	<.001**	
Length				
1–3 years	0.187	[0.05, 0.75]	.018**	

Note. CI = confidence interval; OR = odds ratio; Ref = reference group.

^aHosmer-Lemeshow test for goodness of fit was not statistically significant ($p = .33$) implying good model fit. All of the variance inflation factor (VIF) values for the associations were < 5 , indicating that there was no multicollinearity in the model. ^bHosmer-Lemeshow test for goodness of fit was not statistically significant ($p = .54$) implying good model fit. All of the VIF values for the associations were < 5 , indicating that there was no multicollinearity in the model.

Bold values indicate significant associations. ** Indicates potential associations ($p < .05$).

Received support from worker

Approximately half of the caregivers ($n = 58$; 52.3%) received support from worker.

Non-parental family members (OR = 0.18, $p = .023$) received less support, while caregivers who were in contact with worker for 3 years or longer (OR = 5.99, $p = .023$) or had contact with worker once every 2 weeks (OR = 6.20, $p = .006$) received more support (Table 5).

Table 5 Results of stepwise backward binary logistic regression to identify potential associations for the received support ($n = 111$).

Model/variable	OR	95% CI	p value	Nagelkerke's R^2
Received support				.427
Model 1 ^a				
Female	Ref			
Male	1.829	[0.67, 5.02]	.242	
Age				
17–35 years	Ref			
36–50 years	1.046	[0.22, 4.93]	.955	
51 years and older	0.273	[0.04, 1.90]	.189	
Nature of relationship				
Parent				
Non-parental family member	0.168	[0.03, 1.07]	.058*	
Non-family-related	0.658	[0.14, 3.13]	.598	
Daytime activities				
Regular daytime activities	Ref			
No regular daytime activities	2.818	[0.78, 10.13]	.113	
Length				
<6 months	Ref			
6 months–1 year	0.711	[0.17, 3.02]	.644	
1–3 years	0.607	[0.53, 2.42]	.479	
>3 years	7.855	[1.54, 39.97]	.013**	
Frequency				
<Once a month	Ref			
Once a month	2.729	[0.70, 10.60]	.147	
Every 2 weeks	7.196	[1.76, 29.43]	.006**	
Once a week or more	3.071	[0.71, 13.25]	.133	
Final model ^b				.371
Nature of relationship				
Non-parental family member	0.175	[0.04, 0.78]	.023**	
Length				
>3 years	5.985	[1.29, 27.89]	.023**	
Frequency				
Every 2 weeks	6.201	[1.70, 22.65]	.006*	

Note. CI = confidence interval; OR = odds ratio; Ref = reference group.

^a Hosmer–Lemeshow test for goodness of fit was not statistically significant ($p = .31$), implying good model fit. All of the VIF values for the associations were < 5 , indicating that there was no multicollinearity in the model. ^b Hosmer–Lemeshow test for goodness of fit was not statistically significant ($p = .45$) implying good model fit. All of the VIF values for the associations were < 5 , indicating that there was no multicollinearity in the model.

Bold values indicate significant associations. * Indicates potential associations ($p < .10$). ** Indicates potential associations ($p < .05$).

DISCUSSION

We examined the burden experienced by caregivers supporting persons in need of support who received care from workers in SSW. As well, we examined the quality of caregivers' relationship with the person to whom they provided care and the support caregivers received through workers themselves. The relatively high percentage of non-family-related caregivers in the study sample (37%; $n = 111$) compared to parents or other family-related caregivers may be an indication of family conflicts or breakdowns in family relations (Rutenfrans-Stupar et al., 2019; Szeintuch, 2015; Mikkonen et al., 2007). This dependency of these persons on non-family-related caregivers, like peers or acquaintances, may be worrisome as these contacts are frequently reported as temporary and unstable (Rauwerdink-Nijland & Metz, 2022; van Laere et al., 2009).

In comparison with the general population, the caregivers in this research reported high rates of days without regular daytime activities (3% and 29%, respectively; Statistics Netherlands, 2020a) and very low educational level (9% and 25%, respectively; Statistics Netherlands, 2020b). This indicates that a substantial part of the crucial support offered to clients comes from caregivers who themselves may have limited resources to support themselves.

Generally, caregivers perceived almost no changes in their caregiver's burden since the persons for whom they cared were supported by workers. Most caregivers (82%) reported no changes regarding their worries about the ones they support. No significant associations were found regarding the perceived change in worrying and the nature of the relationship, gender, age, and length of contact with the worker. However, caregivers who had contact with the worker more often were more likely to worry less about the ones they support. This may be due to the possibility for caregivers to share their worries with workers more often, and the higher frequency of the information provided by the worker, which could lead to having more confidence in the support clients receive.

Most caregivers (70%) reported no changes in perceived tension and no significant associations were found regarding sociodemographic variables and the perceived change in tension. Possibly, caregivers simply need more support to reduce the tension they perceive in contact with the ones they support, and to reduce the tension that sheltering the client gives them (Wittenberg et al, 2013; Polgar, 2011; Polgar et al., 2006).

Most caregivers (73%) perceived a positive change in the quality of the relationship with the ones they support. Non-parental family members and non-family-related caregivers were less likely to perceive a positive change in the relationship with the person they support since the person received support from the worker. In the case of non-parental family members, it may be because they receive less support from the worker. Additionally, we found that caregivers who were in contact with workers for 1–3 years, more often than caregivers in contact with the worker between 0–6 months, reported no improvement in the quality of the relationship with the ones they support. An explanation may be that it takes approximately 3 years after commencing the worker process before workers' clients enter (permanent) shelter due to the complexity of their problems (Szeintuch, 2015; Andersson, 2013), their mistrust in professional support (Rauwerdink-Nijland & Metz, 2022; Chen & Ogden, 2012; Mikkonen et al., 2007) and/or waiting lists (Statistics Netherlands, 2019). An additional explanation might be, in line with other research on caregivers who differ from traditional caregivers (de Klerk et al., 2015), that clients' caregivers who provide care for 1–3 years are not able to find suitable support themselves or do not receive the support they need (Wittenberg et al., 2013). During this period, clients still rely on their caregivers without any prospects of substantial change in the situation, which reflects onto the relationship with their caregivers despite the support of worker.

More than half of the caregivers (52%) received support from worker. We found that non-parental family members had lower odds of receiving support from worker than parents and non-family-related caregivers. This might be because parents and non-family-related caregivers have less assets themselves. Research has shown that the social learning mechanism explains transmission through direct and mutual influences of parents (Bandura, 1977), which might suggest that parents experience similar problems as their children to whom they provide shelter to and need professional support to solve these problems. Our study might underpin these indications because parents were more likely to report an absence of daily activities ($p < .001$) and were lower educated ($p < .001$) than non-parental-family-related caregivers or non-family-related caregivers. Other research has shown that non-family-related caregivers of clients, like peers, often experience similar challenges and share the same social position as the persons to whom they provide shelter and therefore need professional support themselves (Rauwerdink-Nijland & Metz, 2022; Bandura, 1977).

Finally, we found that being in contact with the worker for 3 years or longer is positively associated with the support received from the worker. This may be due to the long time it takes to get to know the caregivers and establish a positive, trusting working relationship (Andersson, 2013; Chen & Ogden, 2012; Mikkonen et al., 2007). In line with this result, we found that caregivers who were in contact with the worker frequently, once every 2 weeks, more often reported receiving support from the worker. Further research is needed to investigate this association and investigate why this association is only present for caregivers who were in contact with the worker every 2 weeks.

Strengths and limitations

This study has several strengths. First, to our knowledge this is the first study on caregivers of persons in need receiving support from workers in SSW. Second, the questionnaire was constructed in close collaboration with workers, which ensured a questionnaire attuned to the workers' practice and the caregivers. Third, this study was carried out in 15 teams located in seven municipalities in the northwest of the Netherlands, meaning that our findings can be generalized to medium-sized cities in urban areas.

However, several limitations should also be considered when interpreting the results. First, the relatively small sample size ($n = 111$), which is partly because many workers' clients had no caregivers. We also know that workers had difficulties in recruiting caregivers for this study because (a) workers' clients and/or caregivers could not be reached for a longer period of time, (b) workers' clients did not give consent to approach their caregivers because they were suspicious about the reason their caregivers were questioned or they did not want to burden them, and (c) caregivers declined participation. Additionally, workers were not asked to keep track of response because of high work pressures, and consequently the response rate is unknown. Our findings may have been biased by the overrepresentation in our sample of parents, caregivers aged between 36–50 years, and caregivers with a very low educational level, and the underrepresentation of younger caregivers (17–35 years) and non-family-related caregivers. The underrepresentation of non-parental family members might have resulted in an underestimation of their odds to receive support.

Another limitation is the high number of not applicable answers for the caregiver's burden. Due to the explorative nature of this study, some questions were not applicable to caregivers' situations, and we therefore used mean substitution in

the linear multiple regression to prevent a possible bias. Finally, we dichotomized the outcome variable “quality of the relationship” because of a skewed distribution. An advantage of dichotomization is that it allows a more meaningful interpretation of the findings (Farrington & Loeber, 2000). Conversely, dichotomization may lead to loss of information, loss of power, and the potential to overlook nonlinear relationships (MacCallum et al., 2002).

Next steps for research

This exploratory study has provided meaningful insights but has also shown the need for more research. Future research should generate more insight into the socioeconomic position of caregivers, their motivation to give care, the ups and downs of their caregiving experiences, and their caregivers’ burden. Further, future research should explore the nature of the problems caregivers are confronted with in their relationships with clients, the boundaries caregivers perceive in asking for support, and the types of support they could benefit from, also to alleviate their burden. Additionally, further research should identify the perspective of clients, workers, and the services on the support of caregivers, and examine to what extent workers’ clients have caregivers to rely on.

Implications for practice and policy

The results of this study provide valuable clues for professionals in social work practices, especially those who perform an outreach service similar to the workers identified here. Of our caregivers, 52.3% received support from workers and 73% perceived a positive change in the quality of the relationship with the person to whom they provided care since that person had contact with the worker. These findings seem to underline and legitimize the importance of connecting with caregivers in the worker process, of “being there” for them as caregivers, taking time, being available for a longer period of time, and to mediate in the relationship with them and the person to whom they provide care. This research showed the importance of establishing a positive working relationship with clients’ caregivers to support them, to overcome potential embarrassment and thresholds in asking for support, and to try to motivate them to reach out for support from services. Especially, in the light of a transformation in the Netherlands toward a so-called participation society in which clients should rely increasingly on their caregivers instead of on services, supporting caregivers, also by providing more appropriate resources and even compensations, is of utmost importance for both the clients and their caregivers

to make sure they both can manage the challenges in their lives and are able to keep in touch and develop a more reciprocal relationship.

SUPPLEMENTARY MATERIALS

The supplementary materials for this article can be found in Appendix 4.

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6





Summary and general discussion

In the Netherlands, not all people in marginalized situations receive the support they need (van Doorn et al., 2013; Baart, 2011). Most marginalized people lack trust in (professionals of) local governments and therefore avoid the necessary support offered (van Arum, Broekroelofs & van Xanten, 2020; Omlo, 2017). Furthermore, most marginalized people lack caregivers to rely on or when caregivers are present, these caregivers feel overloaded with care demands (Rutenfrans–Stupar, 2019; Wittenberg et al., 2013). Social street work (SSW) is a street outreach method aimed at engaging with and supporting marginalized people and enhancing their societal participation (Rauwerdink–Nijland & Metz, 2022). Additionally, SSW tries to enhance the contact between marginalized people and their caregivers and when necessary, provides support to the caregivers as well (Rauwerdink–Nijland & Metz, 2022). So far, little research has been done on SSW, which was the predecessor to outreach work. Research that has been conducted (Kelderman & Jezek, 2010; Wolf, 1997; Fromberg, 1988) primarily described the daily practice of SSW. However, so far, no research has focused on the legitimacy of SSW and substantiating the outcomes of this practice for clients.

The aim of this dissertation is to provide insight into SSW, especially the working relationship between workers and clients and the provided practical support, and to determine the impact of SSW on clients' societal participation and to examine the experiences of clients' caregivers when clients have support from the worker in SSW. To this end, 927 clients were asked to fill in a questionnaire three times, over a period of thirteen months. The data collection took place between September 1st 2017 and September 30th 2018. Additionally, 111 caregivers to clients in SSW filled in a questionnaire between March 2018 and October 2018. This study generated insight into the burden caregivers experienced in supporting clients, the quality of the contact between caregivers and clients and whether caregivers received support from SSW themselves.

SUMMARY OF THE STUDIES

Fostering societal participation in marginalized people through social street work practices in the Netherlands.

For Chapter 2 we undertook a study to generate insight into how much, if at all, SSW increased societal participation among clients. We followed clients for a period of eight months in which they were in contact with SSW and examined associations

between the working relationship and the extent to which clients: (1) felt they belonged to society, (2) build self-esteem, (3) developed their own strengths, and (4) perceived informal support. Additionally, we examined whether these associations were influenced by clients' characteristics (age, gender) and the metrics of SSW (phase and frequency of contact). A Linear Mixed Model analysis was conducted to determine longitudinal associations in which we controlled for age, gender, phase, and frequency of contact between clients and workers.

After the first eight months of contact with SSW, the 927 participating clients perceived a higher sense of belonging, more self-esteem, and more developed strengths. An improved working relationship particularly contributed to these increases and to more perceived support from their caregivers.

For older clients, an improved working relationship contributed more to an improved perceived sense of belonging, compared to younger clients. Additional analyses showed that clients who were in contact with SSW less than once a month felt less of a sense of belonging than clients who were in contact more than once a week.

For female clients an evolving working relationship was associated with more self-esteem compared to male clients. An improved working relationship was associated with a decrease in self-esteem among clients who were only in contact with SSW in public areas, clients who were in contact with SSW for less than 2 years and clients who were in contact with SSW less than once a month.

Influence of street outreach work on the lives of marginalized people during their first eight months of contact with SSW

In Chapter 3 we examined the extent to which workers linked their clients to services and whether there were associations between the two SSW elements (working relationship and practical support) and the perceived self-mastery and the perceived stress during the first eight months of their contact. Additionally, we examined whether the working relationship and practical support were associated with client characteristics (gender, age) and the metrics of SSW (phase and frequency of contact). We also examined whether the perceived self-mastery and perceived stress were influenced by client characteristics and metrics of SSW. To determine longitudinal associations, we conducted a Linear Mixed Model analysis, in which we controlled for age, gender, phase and frequency of contact between clients and workers. Approximately 70% of the 276 clients who had recently started contact with SSW (between 0-3 months) reported being linked to one or multiple services

for suitable support via SSW. Clients reported a positive working relationship with workers during the period we followed them (the first eight months of contact with SSW). They were neutral about the perceived practical support from workers, which implies that clients occasionally received practical support from workers. We did not find associations between the working relationship and the perceived self-mastery and the perceived stress of clients. We did find associations regarding practical support. Clients who received less practical support from workers, perceived more self-mastery. And when clients received more practical support, they perceived more stress. These results show that it is possible to reach out and maintain contact with marginalized people and establish a positive working relationship with them.

The working relationship between marginalized people and workers

For Chapter 4 we examined the quality of the relational and goal oriented part of the working relationship between clients and workers, from clients' perspectives, after a minimum of eight months of contact with SSW. Additionally, we examined whether the two parts of the working relationship were influenced by client characteristics (gender, age) and the metrics of SSW (phase, length and frequency of contact and the practical support provided). The 332 participating clients, who were in contact with SSW for at least eight months, generally perceived a positive working relationship with workers. A better working relationship was found among females, clients who were in contact with SSW at least once a month and clients who received practical support often or always. Clients who were in contact with SSW in public areas perceived a weaker working relationship with the worker. Clients were neutral about the goal oriented part of the working relationship. Additional analyses showed that providing practical support appears to contribute to developing and sustaining the goal oriented part of the working relationship.

Clients who were in contact with SSW in public areas and clients who were in contact with SSW for a long period (44 months or longer) more often perceived a weaker goal oriented part of the working relationship. Clients who were in contact with SSW monthly or clients who received practical support from workers occasionally, often, or always perceived a stronger goal oriented part of the working relationship. Results from this study showed that the relational part of the working relationship was developed faster compared to the goal oriented part of the working relationship and that providing practical support to clients in SSW contributes to the establishment of the working relationship, both the relational as well as the goal oriented part.

Caregivers supporting marginalized people who are in contact with street outreach workers

In Chapter 5 we examined changes in the burden experienced by caregivers of clients (e.g., worrying about clients and tension in the relationship with clients), changes in the quality of their relationship with the person they supported and whether the caregivers received support from the worker after clients started contact with SSW. Additionally, we examined to what extent the perceived changes in the caregiver's burden are associated with caregivers' characteristics and the metrics of SSW, and to what extent the support caregivers receive from the worker is associated with caregivers' characteristics. For this study, 111 caregivers filled in a questionnaire between March and October 2018. Caregivers who were in contact with SSW weekly worried less about their person than caregivers who were in contact with SSW monthly. We did not find changes regarding tension in the relationship between caregivers and the person they cared for. Almost 75% of the caregivers perceived positive changes in the quality of the relationship with their person. Non-parental family members and non-family-related caregivers more often did not perceive improvement in the quality of the relationship compared to parents of clients. Caregivers who were in contact with SSW between 1–3 years more often perceived no improvement in the quality of the relationship with clients compared to caregivers who were in contact with SSW for 6 months or shorter. A little over 50% of the caregivers received support from the worker in SSW. Non-parental family members received less support compared to parents and non-family-related caregivers.

Caregivers who were in contact with SSW for 3 years or longer received support more frequently from SSW compared to caregivers who were in contact with SSW for 6 months or shorter. Study results showed the importance of contact between workers and the client's caregivers in improving the quality of the relationship between clients and their caregivers and in supporting caregivers themselves.

INTERPRETATIONS OF FINDINGS

Positive impact of SSW

The studies in this dissertation provide insight into the positive impact of SSW on clients' societal participation and on the perceived burden of their caregivers.

Contribution to societal participation

Our research showed that SSW contributed to the sense of belonging, building self-esteem and the development of strengths of marginalized people (clients in SSW) (Chapter 2). Sense of belonging, self-esteem and personal strengths are known to encourage people to participate in society (Baart & Blokker, 2017; Omlo, 2017; Kruiter & Klokman, 2016). Furthermore, self-esteem protects against several negative factors in life, like stress (Longmore et al., 2004; Cast & Burke, 2003), and developing strengths generate hope for a better future (Dewaele et al., 2021; Wolf, 2016).

Informal support

Our research also showed that SSW is important to caregivers. Clients perceived increased informal support from their caregivers thanks to the working relationship with workers (Chapter 2). It could be that because of the working relationship clients gained more courage to ask caregivers for support or that caregivers were more willing to provide support to clients because they perceived back-up from workers. Also, these caregivers perceived an improvement in the relationship with clients themselves (Chapter 5). This increases the chance that clients receive support from caregivers and the ability of clients to participate in society (van Straaten, 2016; Polgar, 2011). On the contrary, caregivers worried almost equally about the client they cared for, despite the contact clients had with SSW. This could be because of the clients' continued poor quality of life and the amount and complexity of their problems (Chapter 3). Caregivers who were in contact with SSW at least weekly worried less about the person (Chapter 5). This could be because of the frequent contact with workers, and that these caregivers were more informed about the situation of their person and the SSW support, and that these caregivers were able to share their worries with workers more frequently. Furthermore, we found that over 50% of caregivers received support themselves from workers in SSW (Chapter 5). This support is vital as caregivers experience burden and stress on account of the support they provide (Polgar, 2011), they often have their own struggles in life, they are systematically overlooked as caregivers, and they often do not take steps to receive the support they need from services (de Klerk et al., 2015; Wittenberg et al, 2013).

Linking to services

In all three measurements, workers were able to link over 70% of clients to at least one relevant service which could provide the support they needed (Chapter 3). This

result tells us that SSW can bridge the gap between clients who need support but do not receive it and services who should provide this support. For marginalized people most services are difficult to access as the systems are too complex to navigate independently (Reynaert et al., 2021) or because they distrust professionals and local governments (Omlo, 2017; Kruiter & Klokman, 2016). Social work services, responsible for providing accessible and timely support to citizens in a neighbourhood, are not able to reach out and connect with marginalized people due to a lack of time as their schedules are filled with individual cases (van Arum, Broekroelofs and van Xanten, 2020) and/or due to a lack of skills as they are unfamiliar with outreach and the provision of street outreach services (Spierts & Verweij, 2020, van Doorn et al., 2013).

ELEMENTS OF SSW

The working relationship in SSW

One of the most important findings of this research is that workers are able to establish a working relationship with clients, which contributes to the societal participation of clients. In the context of SSW, workers initiate the contact in peoples' daily environment, like streets or parcs. In this context people have the choice to avoid the workers, sometimes literary for months or even years (Rauwerdink-Nijland & Metz, 2022, Dewaele et al., 2021). This could affect the realization of the working relationship, as worker and client need to be in contact to develop this. The studies show workers establishing a good working relationship with clients (Chapters 2, 3 and 4) and the positive association between this working relationship and a client's sense of belonging, self-esteem, strengths, and the support from caregivers (Chapter 2). This positive association is essential as clients in SSW are frequently isolated and excluded from society. And in the Dutch 'participation society' the steps towards getting proper support are too complex to navigate (Verhoeven & Tonkens, 2018; Omlo, 2017). Clients also distrust professionals and local governments because of prior negative experiences (van der Lans et al., 2003) and sometimes actively avoid support (van Arum, Broekroelofs, & van Xanten, 2020; Omlo, 2017). This makes it difficult to establish and sustain a working relationship (Redko et al., 2006). A good working relationship between professionals and clients increases the chances of better client outcomes (de Greef et al, 2019; Kidd, Davidson & MacKenzie, 2017; Davidson & Chan, 2014; Chen & Ogden, 2012; Reisner, 2005). The working relation-

ship consists of a relational part which covers the development of a bond between client and worker and a goal oriented part which covers the agreement about the process towards accomplishing a client's goals (Crits-Christoph, Gibbons, & Hearon, 2006; Bordin, 1979). Our study in Chapter 4 showed the ability of workers to establish and sustain the relational part of the working relationship, in which the development of the bond and trust between clients and workers are central elements. It seems more difficult for workers in SSW to realize the goal oriented part of the working relationship, particularly for clients who were in contact with SSW for a longer period of time and for clients who were in contact with SSW in public areas, e.g., streets or parks. For these clients it is important to keep trying to set goals through the working relationship because these clients are afraid or unable to imagine changing their lives due to previous negative experiences and failures, which discourages them in pursuing personal goals as they do not expect to succeed (Sanchez et al., 2019; Corrigan, Larson & Rüsche, 2009).

Time is a key factor in SSW. Marginalized people, like clients in SSW, often avoided dealing with challenges in life over many years and may finally be ready to open up and try to combat the challenges (Dewaele et al., 2021; Andersson, 2013; Redko, et al, 2006; Morse et al, 1996). Opening up (through the help of SSW) is crucial to combating challenges, but also to taking those the first steps towards participating in society again. After all, marginalized people have long avoided contact with services and lack oversight regarding the challenges they must face. When they take this crucial first step of being in contact with or even accepting support from SSW, these challenges come into view (Chapters 3 and 4).

Associations between the working relationship and practical support

Workers provide practical support to clients, for example, by assisting them in obtaining the necessary information or practicing difficult situations, like telephone calls with creditors, or arriving on time at appointments with services. Clients were in general neutral in respect to the received practical support from SSW (Chapters 3 and 4). Providing practical support was not beneficial for clients in the beginning of contact with workers but appeared to be important for clients in a later stage to start combatting their challenges regarding societal participation and wellbeing (Chapter 3).

Providing practical support to clients is beneficial to establishing and sustaining the working relationship (Chapter 4). This might be because clients lack trust in other professionals because of prior negative experiences (Dewaele et al., 2021;

Reynaert et al., 2021; Andersson, 2013; Baart, 2011; van der Lans et al., 2003). A crucial factor is to provide the practical support in the daily environment (streets, parks, playgrounds or at home) because then clients experience the willingness of professionals (who they previously distrusted) to step into their world and begin to see the options available through SSW. The contact between clients and workers accomplishes 'amicability' of clients because they recognize workers out on the streets which contributes to their sense of belonging (van Pelt & Ročak, 2023; Duyvendak & Wekker, 2015) as workers are their connection to society now.

This openness to establish and sustain the working relationship is likely also aided by the kind of support given: offering clients opportunities to practice difficult or stressful situations, helping them to figure out complicated issues, accompanying them on appointments. Clients are literally taken by the hand and supported in overcoming challenges that hinder their participation in society (Omlo, 2017; van Doorn, et al., 2013). Hence, clients experience the advantages of contact with workers, and this makes a positive contribution to the working relationship.

Our studies showed that workers are well able to establish and sustain the relational part of the working relationship, while the goal oriented part of the working relationship requires more effort. Finally, results showed that providing practical support can be considered a means to improving the working relationship, both relational and goal oriented.

METHODOLOGICAL CONSIDERATIONS

Strengths

To our knowledge this is the first longitudinal research into the validity and effectiveness of SSW for marginalized people. Because of the longitudinal design, we were able to follow clients in SSW for a period of eight months at various stages. Collecting data on the 111 caregivers is also a unique contribution to the literature. One of the strengths of this research is the two perspectives on SSW: from clients and caregivers.

We were able to attune the research into the daily practice of workers through our intensive collaboration with SSW organization perMens. We used the expertise of clients and workers to ensure the procedures and the two questionnaires were sensitive to the diversity of clients and daily practice of SSW. This increased the support for and motivation to participate in the studies. Also, the research became

part of daily practice for workers and so they did not perceive the data collection to be a burden, and this in turn underscored the validity of the studies.

We succeeded in doing research on a hard-to-reach population and collect data at three intervals. One of the strengths is the large sample size ($n = 927$) and the variation of length of contact and frequency with clients. Very few clients were excluded from our sample: only those aged under 12 or those for whom this was their very first contact with SSW. Clients who had alcohol or drug dependency issues or had a mental disorder could participate in our study. Clients with a poor understanding of the Dutch language could also participate and they were supported when filling in the questionnaire.

We have been able to provide insight into elements of SSW that are hard to measure (Dekker et al., 2021). Another strength is that clients were asked to participate instead of others (professionals) about their own progress. Although the strengths noted here are all good, it is important to mention that most of the positive associations found (Chapters 2 and 3) were statistically small to moderate.

Limitations

An important limitation of this research is the absence of a control group. Consequently, we were unable to compare two groups: inside and outside SSW. To compensate for the absence of this control group, we used different cohorts like length/frequency and phase of contact with SSW (contact in public areas or regular support from SSW) in order to show and interpret potential differences. Unfortunately, the perspective of workers in executing their daily work is absent, particularly the perspective on working relationship, practical support and linking to services.

In the study in which clients participated, workers were not asked to keep track of responses because of their high work pressure. Secondly, not all eligible clients were asked to participate because workers experienced barriers in recruiting clients, as this could hamper the development of a working relationship. This might have led to a sample with a relatively good working relationship. Regarding the study in which caregivers participated, clients had to give consent to approach their caregivers. Workers told us that many clients lacked caregivers. Also, some clients did not give consent to approach their caregivers because they were afraid the informal support would end. There could therefore be a selection bias in the sample of caregivers.

Another limitation is the relatively high drop-out rates at follow-up measurements: 49% dropped out at the second data collection and 64% at the third, com-

pared to the first measurement. Even though it is common for clients in SSW to be out of touch with workers frequently, there are other reasons why clients did not participate at the second or third follow-up measurement. It could be, for example, that workers did not remember which clients participated the first time or that workers left the SSW organization, and no follow-up was arranged. While we used the most appropriate analysis technique to handle missing data (Twisk, 2013), the substantial drop-out might have affected the results.

Generalizability

The results of this research are generally valid for SSW in urban areas in the Netherlands, as this study was conducted in 15 cities and towns in the northwest conurbation of the Netherlands.

The unknown response rate hinders the generalizability, as workers were not asked to keep track of responses because of their high work pressure, both for the study in which clients participated as for the study in which caregivers participated. Consequently, this research lacks a complete overview of clients and caregivers in SSW, which could have a negative effect on the generalizability of the results. We tried to reduce this selection bias by generating insight into both samples (clients and caregivers) based on information from workers and their registration based on age, gender, phase of contact, length of contact, and frequency of contact. During the first data collection period we emphasized diversity among clients.

IMPLICATIONS FOR PRACTICE

Working relationship

The results of this research showed that workers in SSW were able to establish and sustain a working relationship with marginalized people (clients in SSW) and that this working relationship is positively associated with improving clients' sense of belonging, building self-esteem, developing strengths, and increasing the perceived support from their caregivers. Workers and their organizations should continue to do this over time because time is a key element in developing the working relationship and of influence in developing a client's societal participation.

We also advise workers and their organizations to monitor the progression of the working relationship (both relational and goal oriented) for the working relationship to remain stable or to change it positively. When workers and clients monitor

and discuss the progress of the working relationship, the possibility of adjustments become real (Lappan et al., 2018; Mihalo & Valenti, 2018).

Practical support

We advise workers and their organizations to periodically monitor (e.g., three times a year) the practical support provided to clients, from the perspective of workers. In this way we can unravel facts and expand knowledge on the two elements of SSW and gain more insight into the array of practical support provided to clients.

IMPLICATIONS FOR POLICY

The results of this research have shown that SSW is capable of engaging marginalized people, linking them to services, improving aspects of their societal participation, and that patience and time is required to establish and sustain working relationships, especially the goal oriented part of the relationship. Ever since the introduction and delivery of SSW there has been a lack of clarity among local governments about its goals and usefulness (Rauwerdink-Nijland & Metz, 2022). Therefore, is it important to use the insights gained in this research to redefine the goals and usefulness for policy-makers - ideally together with workers. The insights are important for local governments as financiers of SSW, especially because they tend to focus primarily on short-term goals and results that often do not necessarily meet clients' needs or the workers needs in supporting their clients. Consequently, based on our results, we advise local governments to invest in long-term services and continuous social street work, and to aim for goals and results in line with client characteristics and needs. Furthermore, SSW should be structurally organized at neighbourhood level to ensure support in the daily life of marginalized people.

In addition, local governments need to pay more attention to clients' caregivers and their perceived burden and should consider compensation for caregivers for the support they provide. Not only for the caregivers' well-being, but also because a strong social network is important for marginalized people's living conditions (Polgar, 2011; Polgar et al., 2006; Spillman & Pezzin, 2000). In this process of reconsideration and political action well-grounded information on social street work is important. The handbook on social street work based on the SSW method can be of use here (Rauwerdink-Nijland & Metz, 2022). Workers and their organizations can also consult this book to evaluate and reflect on the application of SSW in

practice, to enhance the quality of street outreach and to better attain the societal participation of clients.

Recently more and more research, stories, and podcasts (e.g., *Stuurloos* made by Kustaw Bessems) reveal flaws in our professional support system and its negative consequences for citizens, especially for those in marginalized situations (Meijer, 2023; 'S Jongers & Kruijer, 2023; Sociaal Cultureel Planbureau, 2023; Raad Volksgezondheid & Samenleving, 2023). The sense of urgency that springs from these accounts should encourage governments, national and local, to reconsider and reset the complex and bureaucratic system of professional support in the Netherlands, and to engage professionals and marginalized people in this process from the start.

FUTURE RESEARCH

This research increased the body of knowledge about SSW with scientific backing. More longitudinal research is needed to substantiate and legitimize SSW in detail, also because the positive associations found fluctuated between small and moderate. It might be interesting to follow clients for a period of 5 years after starting contact with SSW, to substantiate both qualitatively and quantitatively what SSW can achieve over a longer period of time and to meticulously map clients' persistent challenges. Ideally this research would be conducted all across the Netherlands to increase the generalizability.

More research is needed to examine the longitudinal association between the two elements of SSW – the working relationship and the practical support provided by workers to clients – both qualitative and quantitative. Additionally, it would be interesting to examine in further detail the goal oriented part of the working relationship and some of the outcome measurements formulated in this thesis (linking to services, sense of belonging, building self-esteem, developing strengths, increasing clients' informal support, self-mastery and stress). Hence, the longitudinal association between the relational part of the working relationship and the goal oriented part of the working relationship could be considered for further research.

It is characteristic for clients in SSW to be out of touch with workers, for example because they feel tense about combating challenges or they have served time in prison. In our study we also experienced relatively high drop-out rates. It would be interesting to examine clients' reasons for dropping out more closely.

Finally, it is necessary to longitudinally or qualitatively examine the burden perceived by clients' caregivers and the quality of the relationship between clients and their caregivers, both from the perspective of clients and their caregivers.

CONCLUSION

SSW certainly contributes to linking clients with services (Chapter 3), improves a sense of belonging, builds clients' self-esteem, develops strengths, increases the perceived informal support (Chapter 2), and positively influences the quality of the relationship between clients and their caregivers (Chapter 5). Hence, this research shows the ability of SSW to establish and sustain the working relationship and the importance of developing both the relational part of the working relationship and the goal oriented part when in contact with marginalized people (Chapter 4).

"Finally, I feel seen, and I am able to look forward."

(Angel, client of SSW)

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7





Samenvatting en algemene discussie

Summary and general discussion in Dutch

Er zijn in Nederland mensen in gemarginaliseerde situaties die ondersteuning nodig hebben maar die om wat voor reden dan ook niet krijgen (van Doorn et al., 2013; Baart, 2011). Een deel van deze mensen heeft geen vertrouwen (meer) in de hulpverlening en mijdt actief elke vorm van hulp (van Arum, Broekroelofs, & van Xanten, 2020; Omlo, 2017). Ook hebben zij vaak geen naasten waar zij op terug kunnen vallen. Als er naasten aanwezig zijn, wordt vaak veel van hen gevraagd (Rutenfrans-Stupar, 2019; Wittenberg et al., 2013). Het straathoekwerk is een methode die door outreachend te werken in contact probeert te komen met mensen in gemarginaliseerde situaties, een relatie met hen op probeert te bouwen en hen probeert te motiveren voor ondersteuning van voorzieningen met als doel om hun maatschappelijke participatie te bevorderen. En om waar mogelijk het contact met hun naasten te verbeteren en deze naasten eventueel ook zelf te ondersteunen (Rauwerdink-Nijland & Metz, 2022).

Tot op heden is er weinig onderzoek gedaan naar het straathoekwerk als voorloper van het outreachend werk. Onderzoek dat wel gedaan is (Kelderman & Jezek, 2010; Wolf, 1997; Fromberg, 1988) beschrijven met name de dagelijkse praktijk van het straathoekwerk. Geen onderzoek focust zich op het legitimeren en onderbouwen van het straathoekwerk en de resultaten van het straathoekwerk voor de cliënten waarmee zij werken.

Het doel van dit onderzoek is om inzicht te genereren in de impact van het straathoekwerk, specifiek de werkrelatie tussen werkers en cliënten en de geboden praktische steun op de sociale participatie van cliënten en op de ervaren belasting van hun informele zorgverleners. Hiervoor zijn 927 cliënten in het straathoekwerk, in een periode van dertien maanden, driemaal gevraagd een vragenlijst in te vullen. De dataverzameling vond plaats tussen 1 september 2017 en 30 september 2018. Daarnaast hebben 111 informele zorgverleners van cliënten eenmaal een vragenlijst ingevuld, in de periode van maart 2018 tot en met oktober 2018. Hiermee wilden we inzicht krijgen in de belasting die informele zorgverleners ervaren in hun zorg voor hun naasten als cliënt van het straathoekwerk.

SAMENVATTING VAN DE STUDIES

Ontwikkelen van maatschappelijke participatie van gemarginaliseerde mensen in het straathoekwerk in Nederland

In de studie in hoofdstuk 2 wilden wij inzicht krijgen in de bijdrage van het straathoekwerk aan de maatschappelijke participatie van cliënten door in een periode van acht maanden dat zij contact hebben met het straathoekwerk de samenhang te onderzoeken tussen de werkrelatie en de mate waarin cliënten in het straathoekwerk: (1) zich onderdeel van de samenleving voelden, (2) zelfvertrouwen ervoerden, (3) hun sterke punten leerden (h)erkennen en ontwikkelen en (4) steun uit hun informele netwerk ervoerden. Daarnaast onderzochten we de samenhang tussen deze vier uitkomstmaten en sociaal-demografische kenmerken van cliënten en de beschrijvende kenmerken van het contact tussen cliënten en straathoekwerkers. Met een lineair mixed model analyse werd de longitudinale samenhang vastgesteld, waarbij gecontroleerd is voor kenmerken van cliënten (leeftijd en geslacht) en kenmerken van het contact met het straathoekwerk (fase, duur en frequentie van het contact).

De 927 deelnemende cliënten ervoeren in deze acht maanden zich meer onderdeel van de samenleving, meer zelfvertrouwen en leerden hun sterke punten meer (h)erkennen. De verbeterde werkrelatie droeg er in die periode vooral aan bij dat cliënten zich meer onderdeel van de samenleving voelden, meer zelfvertrouwen ervoerden, hun sterke punten meer leerden (h)erkennen en ontwikkelen en meer steun ervoerden vanuit hun informele netwerk.

Bij oudere cliënten leidde meer dan bij jongere cliënten de verbeterde werkrelatie tot een toenemend gevoel van verbondenheid met de samenleving. Nadere analyse leerde dat cliënten die minder dan één keer per maand contact hadden met het straathoekwerk zich minder onderdeel van de samenleving voelden dan cliënten die meer dan wekelijks contact hadden met het straathoekwerk.

Vrouwen lieten in vergelijking met mannen meer zelfvertrouwen zien. Dat een verbeterde werkrelatie samenhang met een daling van het zelfvertrouwen vonden we bij cliënten waarmee alleen in publieke ruimten contact was, bij cliënten die minder dan 2 jaar en minder dan één keer per maand contact hadden met het straathoekwerk.

Invloed van het straathoekwerk op de levens van gemarginaliseerde mensen in hun eerste acht maanden contact met het straathoekwerk

In hoofdstuk 3 onderzochten wij in hoeverre het straathoekwerk lukt om hun cliënten toe te leiden naar voorzieningen en of er samenhang was tussen de twee elementen van het straathoekwerk (de werkrelatie en praktische steun) en de controle die cliënten over hun leven ervoeren en de stress die zij ervoeren in de eerste acht maanden van hun contact met het straathoekwerk. Ook onderzochten we of bepaalde kenmerken van cliënten (leeftijd, geslacht) en de beschrijvende kenmerken van het contact tussen cliënten en straathoekwerkers (fase en frequentie van het contact) samenhangen met de ervaren controle over het eigen leven en de ervaren stress van cliënten. Om de longitudinale samenhang vast te stellen voerden we een lineair mixed model analyse uit, waarbij we controleerden voor leeftijd, geslacht, contact in publieke ruimte/individueel traject en voor hoe vaak cliënten contact hadden met een straathoekwerker. Van de 276 cliënten die bij de start van het onderzoek nog maar net (tussen de 0-3 maanden) contact hadden met het straathoekwerk, gaf 70% bij alle drie de metingen aan dat zij door een straathoekwerker toegeleid waren naar een of meerdere voorzieningen voor passende ondersteuning. Cliënten rapporteerden in de periode dat wij hen volgden (de eerste acht maanden van contact) een positieve werkrelatie met de straathoekwerker. De ontvangen praktische steun kreeg een neutrale beoordeling, wat staat voor dat cliënten soms praktische steun kregen van de straathoekwerker. Er was geen samenhang tussen de werkrelatie en de ervaren controle over het eigen leven en de ervaren stress van cliënten. Bij de praktische steun waren die associaties er wel. Zo ervoeren cliënten die minder praktische steun ontvingen van een straathoekwerker meer controle. En als cliënten meer praktische steun ontvingen, ervoeren zij meer stress. Resultaten van deze studie laten zien dat het mogelijk is om mensen in een gemarginaliseerde situatie toe te leiden naar voorzieningen en een positieve werkrelatie op te bouwen.

De werkrelatie tussen gemarginaliseerde mensen en straathoekwerkers

Wij onderzochten hoe cliënten die minimaal 8 maanden contact hadden met het straathoekwerk het relationele aspect en het taakgerichte aspect van de werkrelatie ervoeren. En hoe deze twee aspecten van de werkrelatie beïnvloed werden door de sociaal-demografische kenmerken van cliënten en de kenmerken van het contact tussen cliënten en straathoekwerker en de ontvangen praktische steun (hoofdstuk 4). De 332 cliënten die bij de start van het onderzoek minimaal acht

maanden contact hadden met het straathoekwerk ervaren, gemiddeld gezien, een positieve relationele werkrelatie. Van een sterkere relationele werkrelatie was sprake bij vrouwen, cliënten die minimaal maandelijks contact hadden met het straathoekwerk of cliënten die vaak of altijd praktische steun ontvingen. Cliënten die alleen contact hadden in de publieke ruimte ervaren vaker een zwakkere relationele werkrelatie met de straathoekwerker. Verder bleken cliënten vooral neutraal over de ervaren taakgerichte werkrelatie met straathoekwerkers. Nadere analyses lieten zien dat de praktische steun die straathoekwerkers gaven aan cliënten ondersteunend waren in het ontwikkelen en behouden van de taakgerichte werkrelatie.

Cliënten die alleen contact hadden in de publieke ruimte of cliënten die een lange periode contact hadden met het straathoekwerk (44 maanden of langer), ervaren vaker een zwakkere taakgerichte werkrelatie. Ook zagen we dat cliënten die maandelijks contact hadden met het straathoekwerk of die soms, vaak of altijd praktische steun ontvingen vaker een sterkere taakgerichte werkrelatie ervaren met straathoekwerkers. Resultaten van deze studie laten zien dat de relationele werkrelatie zich sneller ontwikkelde dan de taakgerichte werkrelatie en dat praktische steun belangrijk was bij het opbouwen van de relationele- en taakgerichte werkrelatie.

Informeel zorgverleners: ervaren belasting en steun van het straathoekwerk

In de studie in hoofdstuk 5 onderzochten wij in hoeverre informele zorgverleners, nadat hun naasten (cliënten) contact hadden met het straathoekwerk, verandering ervaren in hun ervaren belasting als informele zorgverlener (zorgen maken om de cliënt en spanning in de relatie met de cliënt), wat de kwaliteit van de relatie met hun naasten (cliënten) was en in hoeverre informele zorgverleners zelf hulp kregen van straathoekwerkers. Voor deze studie vulden 111 informele zorgverleners een vragenlijst in tussen maart en oktober 2018. De informele zorgverleners die wekelijks contact hadden met de straathoekwerkers, maakten zich minder zorgen over hun naasten dan de informele zorgverleners die minder dan elke maand contact hadden. We vonden geen veranderingen voor spanning in de relatie tussen informele zorgverleners en hun naasten (cliënten). Bij bijna driekwart van de informele zorgverleners waren er positieve veranderingen in de kwaliteit van de relatie met hun naasten (cliënten). Overige familieleden en niet-familieleden ervaren minder vaak een positieve verandering in de kwaliteit van de relatie met hun naasten dan ouders van naasten. Informele zorgverleners die tussen de 1-3

jaar contact hadden met het straathoekwerk ervoeren vaker geen verbetering in de kwaliteit van de relatie met hun naasten dan informele zorgverleners die korter dan 6 maanden contact hadden met het straathoekwerk. Iets meer dan de helft van de informele zorgverleners ontving zelf hulp van een straathoekwerker. Overige familieleden ontvingen minder vaak hulp van het straathoekwerk dan ouders en niet familieleden. Informele zorgverleners die langer dan 3 jaar contact hadden met het straathoekwerk ontvingen vaker hulp van het straathoekwerk dan informele zorgverleners die korter dan 6 maanden contact hadden. De resultaten tonen het belang aan van het contact van straathoekwerkers met de informele zorgverleners van hun cliënten voor de kwaliteit van de relatie van informele zorgverleners en cliënten en voor de hulp die zij daardoor zelf ook kregen.

INTERPRETATIE VAN DE BEVINDINGEN

Positieve impact van het straathoekwerk

De studies in dit onderzoek geven inzicht in de positieve invloed van het straathoekwerk op de levens van hun cliënten en op hun informele zorgverleners.

Bijdrage aan maatschappelijke participatie

Ons onderzoek laat zien dat gemarginaliseerde mensen (cliënten in het straathoekwerk) zich door het straathoekwerk zich meer onderdeel van de samenleving voelden, zij meer zelfvertrouwen ontwikkelden en leerden om hun krachten te (h)erkennen en te ontwikkelen (hoofdstuk 2). Deze uitkomsten dragen alle bij aan dat mensen meer geneigd zijn om deel te nemen aan de samenleving (Baart & Blokker, 2017) en aan het maatschappelijke participeren van cliënten in de samenleving (Omlo, 2017; Kruijer & Klokman, 2016). Zo is voldoende zelfvertrouwen bijvoorbeeld een beschermende factor tegen verschillende negatieve factoren in het leven, zoals stress (Longmore et al., 2004; Cast & Burke, 2003). En het (h)erkennen en ontwikkelen van krachten van cliënten draagt bij aan het versterken van hoop op een betere toekomst voor hen (Dewaele et al., 2021; Wolf, 2016).

Informele netwerk

Ons onderzoek toont ook aan dat straathoekwerk waardevol is voor de aanwezige informele ondersteuning. Cliënten ervoeren door de werkrelatie en de geboden praktische steun een toename in steun van hun informele zorgverleners (hoofdstuk

2). Het kan zijn dat door de relatie met straathoekwerkers cliënten hun informele zorgverleners meer om hulp durven te vragen of dat informele zorgverleners door hun contact met het straathoekwerk zelf meer bereid zijn om hun naasten te ondersteunen, omdat ze wat meer rugdekking ervaren. Deze informele zorgverleners ervoeren zelf ook een verbetering in het contact met cliënten (hoofdstuk 5), wat meer kans geeft op informele steun en op hun maatschappelijke participatie van (van Straaten, 2016; Polgar, 2011). Daar staat tegenover dat informele zorgverleners zich bijna net zoveel zorgen maakten over hun naasten, ondanks het contact van hun naasten met het straathoekwerk. De slechte levensomstandigheden van cliënten en de veelheid en complexiteit van hun problemen kan hier debet aan zijn (hoofdstuk 3). Informele zorgverleners die wekelijks of vaker contact hadden met straathoekwerkers maakten zich minder zorgen over hun naasten. Mogelijk bleven zij door het intensievere contact met het straathoekwerk meer op de hoogte van de situatie van hun naasten, hadden zij meer zicht op het straathoekwerk-traject en konden zij mogelijk ook hun eigen zorgen vaker met straathoekwerkers delen. Meer dan 50% van de informele zorgverleners kreeg zelf hulp van het straathoekwerk (hoofdstuk 5). Die hulp is belangrijk omdat informele zorgverleners belasting ervaren door de gemarginaliseerde situaties van hun naasten (Polgar, 2011), zij systematisch over het hoofd gezien worden als mantelzorgers, vaak zelf ook moeilijkheden ondervinden in het leven (Polgar, 2011) en vaak niet zelf de stap zetten naar ondersteuning (de Klerk et al., 2015; Wittenberg et al, 2013).

Toeleiden naar ondersteuning

Het lukte straathoekwerkers om ruim 70% van de cliënten in alle drie de metingen toe te leiden naar minimaal één voorziening waar zij ondersteuning van nodig hadden (hoofdstuk 3). Hiermee vervult het straathoekwerk een belangrijke brugfunctie tussen cliënten, die ondersteuning nodig hebben maar deze niet krijgen, en de voorzieningen die deze mensen zouden moeten bereiken, maar dit niet realiseren. Dat cliënten de weg naar ondersteuning zelfstandig niet vinden kan te maken hebben met hun complexe en meervoudige problemen en/of hun wantrouwen in voorzieningen (Omlo, 2017; Kruijer & Klokman, 2016) of dat zij verdwalen in hun zoektocht naar de juiste ondersteuning (Dewaele et al., 2021; Reynaert et al., 2021). Dat voorzieningen gemarginaliseerde mensen niet weten te bereiken kan liggen aan een te volle agenda van professionals (van Arum, Broekroelofs & van Xanten, 2020) of een gebrek aan kennis en vaardigheden voor outreachend werken (Spierts & Verweij, 2020).

ELEMENTEN VAN HET STRAATHOEKWERK

De werkrelatie

Een van de belangrijkste bevindingen uit dit onderzoek is dat het straathoekwerk in staat is om een goede werkrelatie op te bouwen met cliënten, die bijdraagt aan het bevorderen van maatschappelijke participatie van cliënten. Bijzonder hierin is de context waar straathoekwerkers deze werkrelatie proberen op te bouwen: de leefomgeving van hun cliënten zoals straten of parken. Doordat dit in de publieke buitenruimte is, hebben cliënten de keuze of zij wel of niet het contact willen aangaan met straathoekwerkers. Zij kunnen dit contact afhouden als zij dit willen, zo lang als zij dit willen wat soms wel jaren kan zijn (Rauwerdink-Nijland & Metz, 2022). Deze context kan invloed hebben op het proces van het opbouwen van de werkrelatie omdat straathoekwerkers en cliënten hiervoor wel in contact moeten zijn. De studies laten zien dat het straathoekwerk in staat is om een goede werkrelatie met de meeste cliënten op te bouwen (hoofdstuk 2, 3 en 4) en dat deze werkrelatie bijdraagt aan het gevoel meer onderdeel te zijn van de samenleving, meer zelfvertrouwen, meer (h)erkenning van hun sterke punten en meer steun uit hun informele netwerk (hoofdstuk 2). Dit is extra belangrijk omdat deze mensen vaak sterk geïsoleerd en uitgesloten zijn, in de Nederlandse participatiesamenleving de weg naar voorzieningen moeilijk toegankelijk is (Verhoeven & Tonkens, 2018; Omlo, 2017), zij vaak geen vertrouwen (meer) in de hulpverlening hebben, negatieve ervaringen hebben gehad met professionals van voorzieningen (van der Lans et al., 2003) en soms ook actief elke vorm van hulp mijden (van Arum, Broekroelofs, & van Xanten, 2020; Omlo, 2017). Door dit alles is het een hele opgave om met de mensen een positieve werkrelatie op te bouwen (Redko et al., 2006). Een positieve werkrelatie tussen cliënten en professionals is belangrijk omdat dit de kans op betere uitkomsten voor de cliënt vergroot (de Greef et al, 2019; Kidd, Davidson & MacKenzie, 2017; Davidson & Chan, 2014; Chen & Ogden, 2012; Reisner, 2005). Een werkrelatie bestaat uit twee aspecten: het relationele en taakgerichte aspect (Crits-Christoph, Gibbons, & Hearon, 2006; Bordin, 1979). Ons onderzoek (hoofdstuk 4) laat zien dat straathoekwerkers in staat zijn om het relationele aspect van de werkrelatie te realiseren en te behouden, waarin elkaar leren kennen en het vertrouwen opbouwen centraal staan. Het realiseren van de taakgerichte werkrelatie vraagt meer. Met name bij cliënten waarmee al langer contact bestaat en cliënten waarmee het straathoekwerk contact heeft in publieke ruimten (bijvoorbeeld straat, park of pleinen), is het belangrijk om aandacht te (blijven) hebben

voor het taakgerichte aspect van de werkrelatie. Dit omdat deze cliënten zich niet durven (of kunnen) inbeelden dat verandering in hun leven mogelijk is doordat zij al veel pogingen ondernomen hebben, wat ook wel bekend staat als het *'why-try effect'* (Sanches et al., 2019; Corrigan, Larson & Rüsçh, 2009).

Door de longitudinale opzet van dit onderzoek kunnen we concluderen dat de factor 'tijd' een belangrijke factor is om de werkrelatie op te bouwen en te behouden. De bevindingen laten zien dat er waarschijnlijk langer de tijd nodig is dan acht maanden om de werkrelatie taakgerichter te maken en daarmee productief in te zetten om het proces naar participatie in de samenleving te realiseren (hoofdstuk 3). Dit zou kunnen doordat de werkrelatie opgebouwd wordt in een bijzondere context, namelijk in de publieke ruimten waar cliënten zich ophouden. Straathoekwerkers zoeken hier actief contact met cliënten (Dewaele et al., 2021; Omlo, 2017). Dit maakt de onderlinge verhouding anders dan bijvoorbeeld bij een huisarts of een psycholoog waar iemand (zelf) heen gaat voor ondersteuning al inziet dat er hulp nodig is en wat het domein van deze huisarts of psycholoog is. Het opbouwen en behouden van een werkrelatie vanuit de leefwereld van de doelgroep betekent gelijkwaardigheid in contact, of misschien wel een afhankelijkheid in het contact van de straathoekwerker van cliënten. Als cliënten geen boodschap hebben aan dit contact dan kunnen zij immers de andere kant op lopen als de straathoekwerker op hen afstapt of aan geven dat zij geen behoefte hebben aan contact.

Het belang van de factor tijd is groot. Mensen in gemarginaliseerde situaties staan vaak na jaren van ontkenning eindelijk open om hun problemen aan te pakken (Dewaele et al., 2021; Andersson, 2013; Redko, et al, 2006; Morse et al, 1996). Deze stap is cruciaal en tegelijkertijd pas het begin van de route die zij zullen afleggen naar maatschappelijke participatie in de samenleving. Vaak hebben zij in jaren geen contact gehad met professionele ondersteuning en hebben zij geen idee van de stand van zaken van hun problemen. Op het moment dat zij de eerste stap zetten, komen vaak veel achterstallige zaken bovendrijven en wordt pas zichtbaar hoe groot de problemen eigenlijk zijn (hoofdstuk 3 en 4).

Samenhang werkrelatie en praktische steun

Straathoekwerkers bieden praktische steun in de leefomgeving van cliënten, wat bijvoorbeeld bestaat uit het samen zoeken naar informatie of het samen oefenen van lastige situaties voor cliënten, zoals het oefenen van contact (bellen) met een schuldeiser of op tijd komen op een afspraak. Cliënten waren over het algemeen neutraal over de praktische steun die zij ontvingen vanuit het straathoekwerk

(hoofdstuk 3 en 4). Resultaten lieten zien dat het bieden van praktische steun belangrijk was om cliënten op weg te helpen, maar dat die steun op korte termijn niet direct een positief effect heeft op cliënten (hoofdstuk 3).

Het bieden van praktische steun aan cliënten door straathoekwerkers draagt bij aan het ontwikkelen en behouden van de werkrelatie (hoofdstuk 4). Dit zou kunnen door het gebrek aan vertrouwen dat cliënten hebben in (alle) professionals door eerdere negatieve ervaringen (Dewaele et al., 2021; Reynaert et al., 2021; Anderson, 2013; Baart, 2011; van der Lans et al., 2003). Cruciaal is deze praktische steun te bieden waar cliënten zich ophouden, veelal in de leefomgeving van cliënten (straat, parken, pleinen of bij iemand thuis). Cliënten zien dan dat straathoekwerkers letterlijk in hun wereld en hun leven stappen én dat het straathoekwerk hen ook daadwerkelijk iets te bieden heeft. Dit contact, wat in de leefwereld van cliënten plaatsvindt draagt bij aan wat Duvendak en Wekker (2015) 'amicaliteit' noemen: mensen herkennen elkaar als nabije vreemden, wat bijdraagt aan het gevoel van erbij horen (van Pelt & Ročak, 2023).

De aard van de praktische steun kan het ontwikkelen en behouden van de werkrelatie versterken omdat straathoekwerkers zaken samen met cliënten uitzoeken, situaties oefenen en met hen meegaan naar afspraken. Cliënten worden op deze manier letterlijk aan de hand meegenomen en praktisch ondersteund in het overwinnen van obstakels die hun participatie in de samenleving hiervoor zouden belemmeren (Omlo, 2017; van Doorn et al., 2013). Hierdoor ervaren cliënten dat straathoekwerkers werkelijk van betekenis voor hen kunnen zijn, waardoor de werkrelatie groeit.

Resultaten lieten zien dat straathoekwerkers goed zijn in het realiseren en behouden van de relationele werkrelatie en dat de taakgerichte werkrelatie meer aandacht vraagt om te realiseren en behouden. Ook zagen we dat praktische steun ondersteunend kan zijn in het realiseren en behouden van de werkrelatie, zowel relationeel als het taakgerichte aspect.

METHODOLOGISCHE OVERWEGINGEN

Sterktes

Voor zover wij weten, is dit onderzoek het eerste grootschalige longitudinale onderzoek naar de werking en impact van het straathoekwerk. Door de longitudinale opzet konden we cliënten in het straathoekwerk voor een periode van acht maanden

den volgen, in diverse stadia van het contact. Ook is de studie onder de 111 informele zorgverleners van cliënten in het straathoekwerk vrij uniek. Dit meervoudige perspectief op het straathoekwerk, vanuit het perspectief van de cliënten zelf en die van informele zorgverleners, is een sterk punt van de studies in deze thesis.

Door de intensieve samenwerking met straathoekwerkorganisatie perMens kon dit onderzoek maximaal aansluiten op de dagelijks praktijk van het straathoekwerk. De expertise van straathoekwerkers en de ervaringen van cliënten zijn meegenomen bij het ontwerpen van het onderzoeksdesign, het protocol voor dataverzameling en de vragenlijsten. Zo ontstond tegelijkertijd draagvlak en motivatie voor deelname aan het onderzoek. Ook werd het onderzoek voor de werkers onderdeel van hun dagelijkse werkzaamheden, werden de onderzoeksactiviteiten als niet te belastend ervaren en werd de validiteit vergroot.

Het is gelukt om onderzoek te doen bij een moeilijk te bereiken groep mensen en daarbij op drie meetmomenten data te verzamelen. De kracht van het longitudinale onderzoek is de grootte van de steekproef ($n = 927$) en de variatie daarin in duur en intensiteit van het contact van cliënten met het straathoekwerk. Sterk is ook, dat er amper exclusiecriteria voor de steekproef zijn gebruikt: cliënten werden alleen uitgesloten als ze onder de 12 jaar waren of als zij voor de allereerste keer contact hadden met het straathoekwerk. Cliënten met een afhankelijkheid van alcohol of drugs of met een psychische aandoening konden aan het onderzoek meedoen. Ook cliënten die de Nederlandse taal niet goed beheersten, konden deelnemen. Zij kregen ondersteuning bij het invullen van de vragenlijsten.

Het onderzoek heeft inzicht gegeven in elementen van het straathoekwerk, die vrij moeilijk zijn te meten (Dekker et al., 2020). Ook is het een sterk punt dat cliënten zelf bevraagd zijn in plaats van anderen (professionals) over (de voortgang) van cliënten. Ondanks deze sterke kanten van het onderzoek, is het belangrijk om te benoemen dat de meeste positieve associaties die we in de longitudinale studies (hoofdstuk 2 en 3) vonden zeer klein, klein of gemiddeld van sterkte zijn.

Beperkingen

Een belangrijke beperking van dit onderzoek is de afwezigheid van een controlegroep. Hierdoor is geen vergelijking mogelijk tussen de groep die wel en niet door straathoekwerk worden ondersteund. Om het ontbreken van een controlegroep te compenseren hebben we gebruik gemaakt van verschillende cohorten van duur, intensiteit en fase van het contact (contact in publieke ruimte t.o.v. individueel traject) in de studies om eventuele verschillen te kunnen laten zien en te duiden. Jammer

in dit onderzoek is het ontbreken van het perspectief van de straathoekwerkers op de uitvoering van hun werk, specifiek de werkrelatie, de praktische steun en de toeleiding naar andere voorzieningen.

Voor de studie naar cliënten in het straathoekwerk is het straathoekwerkers helaas niet gelukt om bij te houden wie ze voor het onderzoek hebben gevraagd en wie om welke redenen deelname weigerde. Ook bleek dat sommige straathoekwerkers soms cliënten niet voor deelname benaderden uit angst dat deze cliënten uit beeld zouden verdwijnen. Er kan daarom sprake zijn van selectiebias. Mogelijk zijn alleen de cliënten gevraagd waarmee al een redelijke werkrelatie bestond. Voor de informele zorgverleners geldt dat cliënten toestemming moesten geven om hun informele zorgverleners te benaderen. We weten van straathoekwerkers dat een groot deel van de cliënten domweg niet over informele zorgverleners beschikten. Ook gaf een deel van de cliënten geen toestemming om hun informele zorgverleners te benaderen voor onderzoek, uit angst dat de hulp van de informele zorgverleners zou stoppen. Ook bij de steekproef van informele zorgverleners kan daarom sprake zijn van selectiebias.

Een volgende beperking is het relatief hoge uitvalspercentage van respondenten bij de follow-up metingen: 49% bij meting 2 en 64%, ten opzichte van de eerste meting, bij meting 3. Hoewel het allesbehalve vreemd is dat mensen uit de doelgroep van het straathoekwerk tijdelijk uit beeld raken, speelt hierbij ook mee dat om diverse redenen cliënten soms niet een tweede of een derde meting zijn gevraagd om mee te doen. Bijvoorbeeld door onduidelijkheid welke cliënten bij de eerste meting hadden meegedaan en verloop onder straathoekwerkers, waarbij geen overdracht gerealiseerd is. Door toepassing van specifieke analysemethoden hebben we geprobeerd vertekening van de resultaten ('bias') zoveel tegen te gaan (Twisk, 2013).

Generaliseerbaarheid

De bevindingen van de studies naar het straathoekwerk in dit onderzoek kunnen gegeneraliseerd worden naar het straathoekwerk in grootstedelijke gebieden in Nederland, aangezien het straathoekwerk is onderzocht in 15 steden en dorpen in het Noordwesten van Nederland.

De response-rate van het onderzoek belemmert de generaliseerbaarheid. We weten niet wat de response-rate is omdat straathoekwerkers niet bijgehouden hebben wie deelname aan het onderzoek geweigerd hebben, zowel bij de studie naar cliënten als de studie naar de informele zorgverleners. Hierdoor hebben we

geen zicht op de totale groep cliënten van het straathoekwerk of de totale groep informele zorgverleners. Dit kan een negatieve impact hebben op de generaliseerbaarheid. We hebben geprobeerd om de selectiebias zo minimaal mogelijk te houden door voor de steekproefselectie samen met straathoekwerkers en beschikbare registratiegegevens inzicht te krijgen in de populatie cliënten op basis van leeftijd, geslacht, duur deelname en frequentie van contact en hier gedurende de wervingsperiode op te sturen.

IMPLICATIES VOOR PRAKTIJK

Werkrelatie

Resultaten van dit onderzoek laten zien dat straathoekwerkers in staat zijn om een goede werkrelatie met mensen in gemarginaliseerde situaties op te bouwen en te behouden en dat die werkrelatie positief samenhangt met het verminderen van de sociale overbodigheid van cliënten en het verbeteren van hun zelfvertrouwen, het (h)erkennen en ontwikkelen van sterke punten en de ervaren steun uit het informele netwerk. Straathoekwerkers – en hun organisaties – moeten zich blijven inzetten op het realiseren en behouden van deze werkrelatie met mensen in gemarginaliseerde situaties, ook omdat tijd ertoe doet en van invloed is op het bevorderen van de maatschappelijke participatie van cliënten.

Tegelijkertijd adviseren wij straathoekwerkers en hun organisaties om de werkrelatie (zowel relationele aspect als taakgerichte aspect) te gaan monitoren om de werkrelatie goed te kunnen behouden. Door te monitoren en de werkrelatie regelmatig te bespreken met elkaar (straathoekwerker en cliënt), ontstaat de mogelijkheid om specifiek op bepaalde onderdelen in te zetten, zodat de werkrelatie productief wordt of blijft (Pijnenburg et al., 2011).

Praktische steun

Wij adviseren straathoekwerkers en hun organisaties om de praktische steun die straathoekwerkers bieden aan cliënten cyclisch (bijvoorbeeld drie keer per jaar) in kaart te brengen vanuit het perspectief van straathoekwerkers. Op deze manier wordt dit element nog specifiekier uitgewerkt, wordt hier nog meer kennis over opgedaan en wordt inzichtelijker wat voor praktische steun straathoekwerkers bieden aan hun cliënten.

IMPLICATIES VOOR BELEID

Dit onderzoek laat zien dat het straathoekwerk werkt met een zeer gemarginaliseerde groep mensen, het veel geduld en tijd vraagt om in contact te komen en een werkrelatie op te bouwen, specifiek het taakgerichte aspect ervan, en dus ook voor het realiseren van doelen en uitkomsten bij de cliënten. Al sinds het ontstaan van het straathoekwerk is er onduidelijkheid bij opdrachtgevers over waartoe het straathoekwerk ingezet moet worden (Rauwerdink-Nijland & Metz, 2022). Het is noodzakelijk om de in dit onderzoek verkregen inzichten over de bijdrage van het straathoekwerk aan de maatschappelijke participatie van gemarginaliseerde mensen te gebruiken voor het door de gemeente herijken van de doelen en resultaten voor het straathoekwerk, idealiter in samenspraak met het straathoekwerk. Deze inzichten zijn van groot belang voor gemeenten, als opdrachtgevers en financiers van het straathoekwerk, omdat zij voornamelijk korte termijn ondersteuning financieren. Daarnaast sturen gemeenten vooral op doelen en resultaten van het straathoekwerk die niet aansluiten de doelgroep van het straathoekwerk en wat straathoekwerkers voor hun cliënten kunnen doen en realiseren. Wij adviseren beleidsmakers en gemeenten op basis van dit onderzoek vooral te investeren in de langdurige, en ook structurele inzet van straathoekwerk en hun eisen aan straathoekwerk beter af te stemmen op de kenmerken en noden van de cliënten. Voorst adviseren wij het straathoekwerk in te zetten op wijkniveau, omdat daarmee die ondersteuning in de leefomgeving van gemarginaliseerde mensen aanwezig is en geboden kan worden als dat nodig is.

Daarnaast adviseren wij beleidsmakers en gemeenten om veel meer oog te hebben voor de informele zorgverleners en de ervaren belasting die zij ervaren door ondersteuning van hun naasten en na te denken over compensatiemogelijkheden voor de zorg die zij leveren aan cliënten, ook met het oog op hun eigen welzijn, maar ook omdat een kwalitatief sterk informeel netwerk voor cliënten van straathoekwerk van grote betekenis is voor hun levensomstandigheden (Polgar, 2011; Polgar et al., 2006; Spillman & Pezzin, 2000). Op basis van dit onderzoek is een handboek Straathoekwerk ontwikkeld, waarin de methodiek Straathoekwerk centraal staat (Rauwerdink-Nijland & Metz, 2022). Straathoekwerkers kunnen dit boek consulteren en gebruiken om na te gaan hoe hun eigen handelen er uit ziet. Dit zou hen kunnen helpen om actiever te werken aan het vergroten van de maatschappelijke participatie van cliënten in het straathoekwerk.

De afgelopen jaren worden steeds meer onderzoeken, verhalen en podcasts gemaakt (bijvoorbeeld 'Stuurloos' van Kustaw Bessems) die de tekortkomingen of weeffouten van het systeem rondom professionele ondersteuning blootleggen én de consequenties hiervan voor mensen, met name die mensen in gemarginaliseerde situaties goed in beeld brengen (Meijer, 2023; 'S Jongers & Kruiter, 2023; Sociaal Cultureel Planbureau, 2023; Raad Volksgezondheid & Samenleving, 2023). Daarom adviseren wij beleidsmakers en gemeenten, zowel Nationaal als lokaal, na te denken over hóe wij het beste de toegang tot professionele ondersteuning in kunnen richten. Om tot werkbare resultaten te komen is het van groot belang om mensen in gemarginaliseerde posities én professionals (en hun organisaties) vanuit de praktijk vanaf het begin te betrekken.

TOEKOMSTIG ONDERZOEK

Deze thesis vergroot de wetenschappelijke kennisbasis over het straathoekwerk. Verdere longitudinale onderzoeken zijn nodig om in meer detail de werking en het resultaat van het straathoekwerk inzichtelijk te maken, ook gezien de gevonden kleine of gemiddeld sterke associaties in dit onderzoek. Het zou goed zijn om cliënten na de start van het contact met het straathoekwerk voor een langere periode, zowel kwalitatief als kwantitatief, te volgen, bijvoorbeeld voor een periode van 5 jaar. Zo wordt de werking en het resultaat van het straathoekwerk over een langere periode inzichtelijk, en zijn we ook in staat om de (hardnekkige) problemen van cliënten in het straathoekwerk nauwgezet in beeld te brengen. Idealiter wordt dit onderzoek uitgevoerd over verschillende straathoekwerkorganisaties verspreid over heel Nederland om de generaliseerbaarheid te vergroten.

Ook zou er in de toekomst, kwantitatief en kwalitatief, onderzocht kunnen worden hoe de twee elementen van het straathoekwerk – de werkrelatie en de praktische ondersteuning – elkaar over tijd beïnvloeden. Aanvullend zou het interessant zijn om verdiepend onderzoek te doen naar het taakgerichte deel van de werkrelatie en de uitkomstmaten van verschillende studies in dit onderzoek (toeleiden naar voorzieningen, controle over het eigen leven, ervaren stress, onderdeel voelen van de samenleving, zelfvertrouwen, leren (h)erkennen en ontwikkelen van sterke punten en krachten en versterken van het informele netwerk). Verder zou het interessant zijn om de interactie tussen het relationele aspect van de werkrelatie

en het taakgerichte aspect van de werkrelatie in het straathoekwerk longitudinaal te onderzoeken.

Het is kenmerkend voor de praktijk van het straathoekwerk dat cliënten in- en uit beeld zijn, waarmee we bedoelen dat cliënten frequent uit contact zijn met straathoekwerkers, bijvoorbeeld omdat ze het toch te spannend vinden om aan hun problemen te werken of omdat ze bijvoorbeeld tijdelijk in de gevangenis zitten. Dit zien we ook terug in ons onderzoek. Het zou goed zijn om te onderzoeken wat hier onderliggende oorzaken van zijn.

Als laatste zou het goed zijn om longitudinaal of kwalitatief onderzoek te doen naar de ervaren belasting van informele zorgverleners van cliënten in het straathoekwerk en de kwaliteit van het contact tussen cliënten en informele zorgverleners vanuit beide perspectieven.

CONCLUSIE

Het straathoekwerk draagt positief bij aan de toeleiding van mensen in gemarginaliseerde situaties naar passende ondersteuning (hoofdstuk 3), het vergroten van het zelfvertrouwen van cliënten (hoofdstuk 2), aan het verminderen van het gevoel van sociaal overbodig zijn, (hoofdstuk 2), aan het (h)erkennen en ontwikkelen van krachten van cliënten (hoofdstuk 2), aan het vergroten van de ervaren informele steun vanuit het netwerk van cliënten (hoofdstuk 2) en een positieve invloed heeft op het onderlinge contact tussen cliënten en hun informele zorgverleners (hoofdstuk 5). Ook laat dit onderzoek zien dat het straathoekwerk in staat is om een werkrelatie te realiseren met cliënten en dat het noodzakelijk is om zowel op het relationele aspect als op het taakgerichte aspect van de werkrelatie in te zetten in het contact met gemarginaliseerde mensen (hoofdstuk 4).

“Ik voel me eindelijk gezien en kan weer vooruitkijken.”

(Angel, cliënt van SSW)

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8





Curriculum vitae,
PhD portfolio and Research
Data Management

ABOUT THE AUTHOR

Evelien Rauwerdink-Nijland was born in Groningen on 25 January 1986. She completed the academy for physical education at Hanze University of applied sciences Groningen in 2007. Followed by completing the master social work at HAN University of applied sciences in Nijmegen (2015). During this master she conducted a study in outreach work to get in contact with girls in public areas.

Between 2011 and 2016 Evelien has been a worker in social street work (SSW) with special attention for girls and young women in Amsterdam at perMens. Driven by the spirit of her colleagues to engage with and advocate for people in marginalized situations, Evelien started the master social work. In this period, Evelien experiences the benefits and joy of practical research. During the master she learnt to unravel and analyze social matters from multiple perspectives. This experience led to an unexpected, but structural, ambition to strengthen practices in social work with practical research.

In 2015 Evelien started as a researcher for lectorate Youth Spot of the Amsterdam University of applied sciences. She conducted research to girls work in youth work and SSW, which led to the publication of a handbook called "Kracht van meiden" [Strength of girls]. Evelien combined working in social street work and conducting research for Youth Spot until the end of 2016. From this moment she has been given the opportunity to unravel and substantiate the method SSW in 2016. In 2017 the collaboration with Impuls, the Netherlands Center for Social Care Research at Radboudumc in Nijmegen started. The study to substantiate SSW resulted in this dissertation: "Building bridges, breaking bricks, impact of social street work on marginalized people's lives".

Between 2019 and 2021 Evelien worked as a senior researcher at the lectorate Youth Spot and performed research on the pedagogical acting of youth workers. Currently, Evelien is program leader of research and development at perMens and responsible for all research, the feasibility of research knowledge for practice and implementation from research knowledge to the acting of professionals and to (local) policy. Furthermore, Evelien is process leader of the Amsterdam Youth Work Academy.

OVER DE AUTEUR

Evelien Rauwerdink-Nijland is geboren op 25 januari 1986 te Groningen in Nederland. Evelien heeft de lerarenopleiding Lichamelijke Opvoeding (ALO) aan de Hanze Hogeschool Groningen afgerond (2007) en de Master Social Work aan de Hogeschool van Arnhem en Nijmegen (2015). Voor de master deed zij onderzoek bij perMens naar het bereiken van meiden in de publieke buitenruimte.

Evelien is tussen 2011 en 2016 actief als straathoekwerker met de focus op meiden en jonge vrouwen in Amsterdam. Hier werd zij gegrepen door de drive van haar collega's om er te zijn voor mensen in kwetsbare situaties en de onrechtvaardigheden die zij ervaren aan te kaarten. In 2014 startte zij met de master social work waar zij de eerste ervaringen op deed met praktijkgericht onderzoek. Tijdens deze master leerde zij sociale kwesties vanuit meerdere perspectieven te analyseren. Dit leidde tot een onverwachte, maar inmiddels niet meer weg te denken ambitie en passie om met onderzoek te praktijk van het sociaal werk te willen versterken.

In 2015 startte Evelien deels als onderzoeker bij lectoraat Youth Spot (Hogeschool van Amsterdam) waar zij onder andere de kans kreeg om verder onderzoek te doen naar het werken met meiden in het jongeren- en straathoekwerk. Dit leidde tot het handboek 'Kracht van meiden'. Evelien bleef onderzoek en het werken als straathoekwerker combineren tot eind 2016, waar zij de kans kreeg om onderzoek te starten naar het ontrafelen en onderbouwen van het straathoekwerk. Eind 2017 startte de samenwerking van het promotietraject bij Impuls, onderzoekscentrum Maatschappelijke Zorg, onderdeel van de afdeling eerstelijns geneeskunde van de Radboudumc in Nijmegen tussen 2017 en 2023. Het onderzoek gericht op het onderbouwen van het straathoekwerk resulteerde in dit proefschrift: "Building bridges, breaking bricks, impact of social street work on marginalized people's lives".

Tussen 2019 en 2021 werkte Evelien als senior onderzoeker bij Youth Spot en doet hier onder andere onderzoek naar het pedagogisch handelen in het jongerenwerk. Op dit moment is Evelien programmaleider onderzoek & ontwikkeling bij perMens, waar zij verantwoordelijk is voor het onderzoek, de vertaalslag ervan naar de praktijk én het implementatieproces naar de praktijk en beleid. Vanaf oktober 2023 is Evelien verantwoordelijk als proces begeleider voor het opzetten van de Academie Jongerenwerk Amsterdam.

PHD PORTFOLIO

Name PhD candidate:	E. Rauwerdink-Nijland
Department:	Impuls – Netherlands Center for Social Care Research, Department of Primary and Community Care
Graduate School:	Radboud Institute for Health Sciences
PhD period:	October 1, 2017 – Augustus 2023
Supervisors:	Prof. dr. J.R.L.M. Wolf, Prof A.P. Verhoeff
Co-supervisors:	Dr. L. van den Dries, Dr. J.W. Metz

TRAINING ACTIVITIES	Year(s)	ECTS	Hours
Courses & workshops			
Introduction course for PhD candidates, Radboudumc	2018	0.5	15
Graduate School specific introductory course	2018	0.75	21
Course <i>Figure Making</i> , Amsterdam University of Applied Sciences	2018	0.5	14
Course <i>Scientific writing for PhD candidates</i> , Radboud University	2019	3	84
Course <i>Qualitative Research Methods and Analyses</i> , Radboud University	2019	3	84
Course <i>Perfecting your academic writing skills</i> , Radboud University	2019	1	28
Course <i>Statistics for PhD candidates by using SPSS</i> , Radboud University	2019	2	56
Course <i>Analytic Story Telling</i> , Radboud University	2019	0.75	20
Course <i>Scientific Integrity</i> , Radboudumc	2021	0.75	20
Course <i>Mixed models in SPSS</i> , Amsterdam University	2021	0.8	24
Seminars & lectures			
Program of social work	2019	0.2	8
Program of social work	2021	0.2	8
Symposia & congresses			
European Conference of Social Work Edinburgh	2018	1.5	40
Conferentie Keten dak- en thuisloze jongeren. Hogeschool van Amsterdam	2018	1.5	40
Research in Social Work. Lectoren platform: Leeuwarden	2018	1.5	32
European Conference of Social Work Leuven	2019	1.5	40
Conference "Ending homelessness" Amsterdam	2019	1.5	40

Research in Social Work; Haarlem	2019	1.5	32
National Youth Work Conference, Amsterdam	2019	0.5	14
European Conference of Social Work Bucharest (online due to Covid-19)	2021	1.5	40
NEJA conference Amsterdam (Dutch Effective Youth System Amsterdam)	2023	0.2	8
Other			
Training social street workers- Research protocol (11 teams x 3hour training)	2018	1.25	33
TEACHING ACTIVITIES			
Lecturing			
Presentation "Social street work"- Valente	2021	0.1	6
Guest lecture Master Social Work (University of Applied Sciences Arnhem & Nijmegen)	2022	0.2	8
Social Street work 2 hour- workshop for 11 teams of social street workers	2022	1	28
Supervision of internships/other			
Supervising social street workers in collecting data	2017-2018	4.5	128
TOTAL			847 hours

PUBLICATIELIJST

Distelbrink, M., Kaulingfreks, F., Matthijsen, K., Rauwerdink-Nijland, E., Vermaning, S., & Yassine, D. (2023). *Dansen doe je met zijn vieren. Hoe maak je de ondersteuning van jongeren beter?* KeTJAA.

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Rijnders, J., Manders, W. & Rauwerdink-Nijland, E. (2020). Typologieën van pedagogisch handelen in het Nederlandse jongerenwerk. Verdiepende theorie studenten minor Jongerenwerk. Amsterdam: Lectoraat Youth Spot.

Rauwerdink-Nijland, E & Metz, J.W. (2020). Leven en werken in de rafelrand. Cijfers over de doelgroep en hun ervaring met het straathoekwerk in Amsterdam en omstreken. Hogeschool van Amsterdam, Lectoraat Youth Spot.

Boomkens, C., Rauwerdink-Nijland, E., Grient, H., van der., Trijp, K, van & Metz, J.W. (2018). Kracht van meiden! *Meidenwerk als specifieke methodiek van het jongerenwerk*. Amsterdam: SWP <https://www.swpbook.com/boek/2075/kracht-van-meiden>

Rauwerdink-Nijland, E., Boomkens, C. & Metz, J.W. (2017). Tabellenboek. *Uitkomsten van het vragenlijstonderzoek naar de mening van meiden over het meidenwerk*. Amsterdam: Hogeschool van Amsterdam <http://www.hva.nl/akmi/gedeelde-content/publicaties/publicaties-algemeen/2017/tabellenboek.html?origin=AY5QVwNuQSG97Is5IzdFbQ>

Rumping, S., Metz, J. W., Awad, S., Rauwerdink-Nijland, E., Manders, W., Todorovic, D., Sonneveld, J. & Schaap, R. (2017). *Onderzoek naar Groepswerk als generieke methodiek van het grootstedelijk jongerenwerk*. Portfolio Jongerenwerk aflevering 5. Amsterdam: Hogeschool van Amsterdam <http://www.hva.nl/akmi/gedeelde-content/publicaties/publicaties-algemeen/2017/groepswerk-rapport.html>

Nijland, E., Boomkens, C. & Metz, J.W. (2016). Kracht van meiden. *Methodiekbeschrijving voor het werken met meiden in het jongerenwerk*. Amsterdam: Hogeschool van Amsterdam <http://www.hva.nl/akmi/gedeelde-content/publicaties/publicaties-algemeen/methodiek-kracht-van-meiden.html?origin=AY5QVwNuQSG97Is5IzdFbQ>

RESEARCH DATA MANAGEMENT

This thesis is based on the results of two research projects involving human participants. Both research projects comply with the criteria for studies that have to be approved by an accredited Medical Research Ethics Committee (aMREC) and was exempted from formal review by the local aMREC (accredited Medical Review Ethics Committee region Arnhem–Nijmegen: registration number 2018/4450). Both research projects were funded by the Adessium Foundation and Amsterdam University of Applied Sciences.

All data is collected by Research Group Youth Spot (Amsterdam University of Applied Sciences). The data of both projects are stored on the Amsterdam University of Applied Sciences server of the Department of Research Group Youth Spot at the following location: [https://ictiva.sharepoint.com/:f:/r/sites/FMR_O_Lectoraat_Youth_Spot/SharedDocuments/General/Projecten/Straathoekwerk/dataverzameling/Onderzoekinhoudelijk/Effectstudie/Datamanagement\(AVG\)/Moederbestandenmetingen?csf=1&web=1&e=IKdKcC](https://ictiva.sharepoint.com/:f:/r/sites/FMR_O_Lectoraat_Youth_Spot/SharedDocuments/General/Projecten/Straathoekwerk/dataverzameling/Onderzoekinhoudelijk/Effectstudie/Datamanagement(AVG)/Moederbestandenmetingen?csf=1&web=1&e=IKdKcC)

After the conclusion of all project-related activities, including the defense of this thesis, these projects will be moved to the department research storage: https://ictiva.sharepoint.com/:f:/r/sites/FMR_O_Lectoraat_Youth_Spot/Shared%20Documents/General/Archief?csf=1&web=1&e=wEt93C

For the studies described in chapter 2, 3, and 4 participants filled in a questionnaire at baseline, and 4 and 8 months later. Regarding the project related to chapter 5, participants filled in a single questionnaire. Both questionnaires could be filled in online or hardcopy. Written consent was obtained before starting the questionnaire. The written consent forms were stored online in the department research storage: [https://ictiva.sharepoint.com/:f:/r/sites/FMR_O_Lectoraat_Youth_Spot/SharedDocuments/General/Projecten/Straathoekwerk/dataverzameling/Onderzoekinhoudelijk/Effectstudie/Datamanagement\(AVG\)/Moederbestandenmetingen?csf=1&web=1&e=IKdKcC](https://ictiva.sharepoint.com/:f:/r/sites/FMR_O_Lectoraat_Youth_Spot/SharedDocuments/General/Projecten/Straathoekwerk/dataverzameling/Onderzoekinhoudelijk/Effectstudie/Datamanagement(AVG)/Moederbestandenmetingen?csf=1&web=1&e=IKdKcC).

All hardcopy versions of the questionnaire were entered into the computer by use of SPSS (SPSS Inc., Chicago, Illinois, USA). Data management and monitoring were performed within SPSS. The privacy of the participants in this project is warranted by use of encrypted and unique individual participant codes. This code corresponds with the codes workers filled in before clients started the questionnaire. The codes were stored separately from the study data.

The data will be saved for 15 years after data collection, i.e., until March 2033. Using these participant data in future research is only possible after renewed permission by participants as recorded in the informed consent. The datasets analyzed during these two projects are available from Evelien Rauwerdink-Nijland (Evelien.Rauwerdink-Nijland@radboudumc.nl) on reasonable request.



Appendices

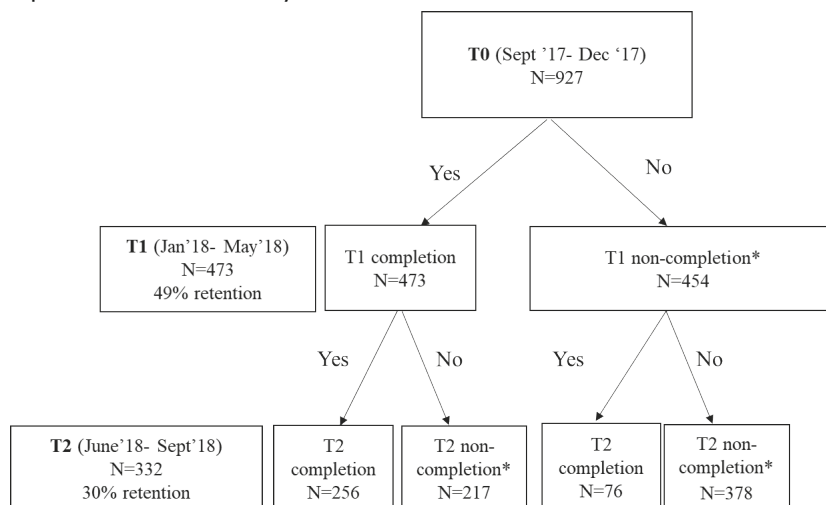


APPENDIX 1

This appendix belongs to Chapter 2: *“Fostering societal participation of marginalized people in street outreach services in the Netherlands.”*

Appendix 1.1

Participant flowchart in study



Appendix 1.2

All items for self-esteem (original in Dutch)

On the whole, I am satisfied with myself

I think I have some good qualities

I feel just as important as anyone else

I am capable of doing things just as good as anyone else

I feel positive about myself

Appendix 1.3

All items for fostering strengths (original in Dutch)

The worker encouraged me to discover strengths or things I like to do

The worker gave me confidence to try things on my own

The worker provided me with feedback about how I can do things myself

The worker encouraged me to deploy my skills or things I like to do e.g. through education or participating in neighbourhood activities)

Appendix 1.4

All items for working relationship (original in Dutch)

The worker has an open mind
The worker acknowledges how I feel
The worker looks me up
The worker considers what I want to learn
The worker has a talk with me when I overstep a boundary
The worker shows understanding for what I do or say
The worker knows how to reach me
The worker considers my problems or questions
The worker seems to be really genuine
The worker takes what I say or do seriously
The worker is there for me when I need it
The worker considers what I find difficult
The worker is easy to reach
The worker has a way of doing where I feel at ease
The worker has a way of doing where I feel at ease
The worker considers my situation (for example at home, at school or in the neighborhood)
The worker backs me up when I need it
The worker sees how my life is
The worker gives me space to be who I am
The worker sympathizes with me and my life
The worker returns to conversations we've had

Appendix 1.5
Completers versus Non-completers T0-T1 and T0-T2: results of χ^2 analyses

	Completers T1		Non-completers		p	Completers T2		Non-completers		p	
	n (%)	χ^2	n (%)	χ^2		n (%)	χ^2	n (%)	χ^2		
Gender					1.236	.266				.132	.716
Female	177 (19.1)	154 (16.6)					116 (12.5)	215 (23.2)			
Male	296 (31.9)	300 (32.4)					216 (23.3)	380 (41.0)			
Age groups					24.338	<.001				39.947	<.001
12-17	85 (9.2)	113 (12.2)					58 (6.3)	140 (15.1)			
18-22	175 (18.9)	184 (19.8)					108 (11.7)	251 (27.1)			
23-27	102 (11.0)	104 (11.2)					73 (7.9)	133 (14.3)			
28+	111 (12.0)	53 (5.7)					93 (10.0)	71 (7.7)			
Cultural background					7.716	.002				4.829	.089
Only Dutch	118 (12.7)	100 (10.8)					86 (9.3)	132 (14.2)			
Bicultural Dutch	305 (32.9)	278 (30.0)					211 (22.8)	372 (40.1)			
Other than Dutch	50 (5.4)	76 (8.2)					91 (9.8)	91 (9.8)			
Educational level					4.744	.315				5.418	.247
Very low	26 (2.8)	24 (2.6)					23 (2.5)	27 (2.9)			
Low	133 (14.3)	139 (15.0)					172 (18.6)	172 (18.6)			
Intermediate	274 (29.6)	248 (26.8)					345 (37.2)	345 (37.2)			
High	39 (4.2)	37 (4.0)					45 (4.9)	45 (4.9)			
Intensity					1.348	.853				5.513	.239
Less than once a month	61 (6.6)	68 (7.3)					39 (4.2)	90 (9.7)			
Monthly	67 (7.2)	68 (7.3)					46 (5.0)	89 (9.6)			
Every two weeks	87 (9.4)	75 (8.1)					68 (7.3)	94 (10.1)			
Weekly	106 (11.4)	101 (10.9)					79 (8.5)	128 (13.8)			
More than once a week	152 (16.4)	142 (15.3)					100 (10.8)	194 (20.9)			

Appendix 1.6

Results of ANOVA for completers versus non-completers regarding the working relationship

	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F(1, 925)</i>	<i>p</i>
Working relationship	1	.048	.048	.082	.774

Appendix 1.7

Separate models LMM for the working relationship

Outcome measures	Crude model	Intercept on intermediate variable	Slope on intermediate variable
Belongingness	4340.635	4344.367	-
Self-esteem	3153.389	-	-
Fostering strengths	4250.376	-	-
Informal support	4695.533	-	-

APPENDIX 2

This appendix belongs to Chapter 3: *“Influence of street outreach work on the lives of marginalized people.”*

Appendix 2.1

All items for self-mastery

Self-mastery
There is really no way I can solve some of the problems I have
Sometimes I feel that I’m being pushed around in life
I have little control over the things that happen to me
I often feel helpless in dealing with the problems of life
What happens to me in the future mostly depends on me
There is little I can do to change many of the important things in my life
Excluded item:
I can do just about anything I really set my mind to

Ap

Appendix 2.2

All items for perceived stress

Perceived stress

How often have you been upset because of something that happened unexpectedly?

How often have you felt nervous and "stressed"?

How often have you felt that things were going your way?

How often have you felt difficulties were piling up so high that you could not overcome them?

Appendix 2.3

All items for the working relationship

Working relationship-scale (original in Dutch)

The worker:

has an open mind

acknowledges how I feel

looks me up

considers what I want to learn

has a talk with me when I overstep a boundary

shows understanding for what I do or say

knows how to reach me

considers my problems or questions

seems to be really genuine

takes what I say or do seriously

is there for me when I need it

considers what I find difficult

is easy to reach

has a way of doing where I feel at ease

considers my situation (for example at home, at school or in the neighborhood)

backs me up when I need it

sees how my life is

gives me space to be who I am

sympathizes with me and my life

returns to conversations we've had

Appendix 2.4

Completers versus Non-completers T0-T1 and T0-T2: results of χ^2 analyses

	Completers T1		Non-completers		p	T2	Completers		Non-completers		
	n (%)	χ^2	n (%)	χ^2			n (%)	χ^2	n (%)	χ^2	p
Gender					.225	.636				2.183	.140
Female	53 (19.2)		58 (21)				41 (14.9)		70 (25.4)		
Male	74 (26.8)		91 (33)				47 (17)		118 (42.8)		
Age groups					2.140	.544				3.081	.379
12-17	28 (10.1)		40 (14.5)				21 (7.6)		47 (17)		
18-22	52 (18.8)		63 (22.8)				35 (12.7)		80 (29)		
23-27	31 (11.2)		34 (12.3)				19 (6.9)		46 (16.7)		
28+	16 (5.8)		12 (4.3)				14 (4.7)		15 (5.4)		
Cultural background					16.083	<.001				4.017	.134
Only Dutch	21 (7.6)		29 (10.5)				14 (5.1)		36 (13)		
Bicultural Dutch	96 (34.8)		83 (30.1)				64 (23.2)		115 (41.7)		
Other than Dutch	10 (3.6)		37 (13.4)				10 (3.6)		37 (13.4)		
Educational level					3.063	.547				1.746	.782
Very low	4 (1.4)		6 (2.2)				4 (1.4)		6 (2.2)		
Low	33 (12)		51 (18.5)				23 (8.3)		61 (22.1)		
Intermediate	80 (29)		79 (28.6)				52 (18.8)		107 (38.8)		
High	9 (3.3)		9 (3.3)				8 (2.9)		12 (4.3)		
Intensity					7.158	.128				4.346	.361
Less than once a month	27 (9.8)		44 (15.9)				18 (6.5)		53 (19.2)		
Monthly	17 (6.2)		15 (5.4)				12 (4.3)		20 (7.2)		
Every two weeks	26 (9.4)		16 (5.8)				18 (6.5)		24 (8.7)		
Weekly	23 (8.3)		28 (10.1)				15 (5.4)		36 (13)		
More than once a week	34 (12.3)		46 (16.7)				25 (9.1)		55 (19.9)		

Appendix 2.5

Separate models LMM for the outcome measures

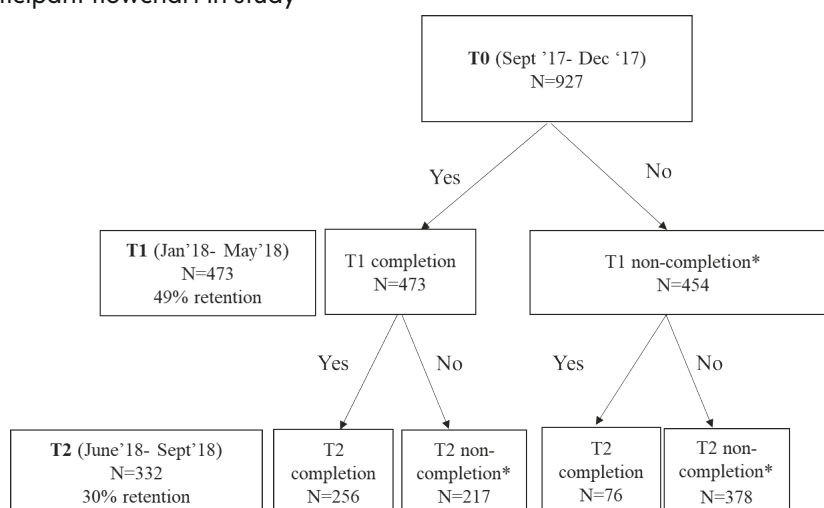
Outcome measures	Intermediate variable	Crude model	Intercept on participant level	Slope on intermediate variable
Self-mastery	Working relationship	1009.103	980.151	-
	Practical support	1000.257	973.525	-
Perceived stress	Working relationship	1247.087	1181.563	-
	Practical support	1233.417	1168.058	-

APPENDIX 3

This appendix belongs to Chapter 4: *“The working relationship between people in marginalized situations and street outreach workers.”*

Appendix 3.1

Participant flowchart in study



*See table 3.2 for registered reasons for non-completion

Appendix 3.2

Reasons for non-completion T1 (n = 473) and T2 (n = 332)

Reasons for non-completion	T1 (%)	T2 (%)
(Temporary) positive outflow (e.g., school, work or specialized care)	11.3	11.3
(Temporary) loss of contact	28.6	37.2
Ssw'ers did not ask respondent to participate		
Ssw'er did not know which ssw-client completed T0	22.6	17.1
Organisational change (job change ssw'er or ssw'er transferred to another team)	11.8	11.8
Respondent could not participate in study (e.g. ssw-client in rehabilitation centre or detention)	3.9	2.4
Timing was not right to ask client to participate, e.g. due to tension in relationship with ssw-client	1.1	1.2
Refusal (lack of time or motivation ssw-client)	18.8	17.9
Other (e.g., ssw-client passed away)	0.2	0.4

Appendix 3.3

All items for working relationship (original in Dutch)

The worker has an open mind
The worker acknowledges how I feel
The worker looks me up
The worker considers what I want to learn
The worker has a talk with me when I overstep a boundary
The worker shows understanding for what I do or say
The worker knows how to reach me
The worker considers my problems or questions
The worker seems to be really genuine
The worker takes what I say or do seriously
The worker is there for me when I need it
The worker considers what I find difficult
The worker is easy to reach
The worker has a way of doing where I feel at ease
The worker has a way of doing where I feel at ease
The worker considers my situation (for example at home, at school or in the neighborhood)
The worker backs me up when I need it
The worker sees how my life is
The worker gives me space to be who I am
The worker sympathizes with me and my life
The worker returns to conversations we've had

Appendix 3.4

Completers versus Non-completers T0-T1 and T0-T2: results of χ^2 analyses

	Completers T1		Non-completers		P	Completers T2		Non-completers		P
	n (%)	χ^2	n (%)	χ^2		χ^2	χ^2			
Gender					1.236	.266			.132	.716
Female	177 (19.1)		154 (16.6)				116 (12.5)	215 (23.2)		
Male	296 (31.9)		300 (32.4)				216 (23.3)	380 (41.0)		
Age groups					24.338	<.001			39.947	<.001
12-17	85 (9.2)		113 (12.2)				58 (6.3)	140 (15.1)		
18-22	175 (18.9)		184 (19.8)				108 (11.7)	251 (27.1)		
23-27	102 (11.0)		104 (11.2)				73 (7.9)	133 (14.3)		
28+	111 (12.0)		53 (5.7)				93 (10.0)	71 (7.7)		
Cultural background					7.716	.002			4.829	.089
Only Dutch	118 (12.7)		100 (10.8)				86 (9.3)	132 (14.2)		
Bicultural Dutch	305 (32.9)		278 (30.0)				211 (22.8)	372 (40.1)		
Other than Dutch	50 (5.4)		76 8.2)				91 (9.8)	91 (9.8)		
Educational level					4.744	.315			5.418	.247
Very low	26 (2.8)		24 (2.6)				23 (2.5)	27 (2.9)		
Low	133 (14.3)		139 (15.0)				172 (18.6)	172 (18.6)		
Intermediate	274 (29.6)		248 (26.8)				345 (37.2)	345 (37.2)		
High	39 (4.2)		37 (4.0)				45 (4.9)	45 (4.9)		
Intensity					1.348	.853			5.513	.239
Less than once a month	61 (6.6)		68 (7.3)				39 (4.2)	90 (9.7)		
Monthly	67 (7.2)		68 (7.3)				46 (5.0)	89 (9.6)		
Every two weeks	87 (9.4)		75 (8.1)				68 (7.3)	94 (10.1)		
Weekly	106 (11.4)		101 (10.9)				79 (8.5)	128 (13.8)		
More than once a week	152 (16.4)		142 (15.3)				100 (10.8)	194 (20.9)		

APPENDIX 4

This appendix belongs to Chapter 5: “*Caregivers supporting marginalized people who are in contact with street outreach workers.*”

Appendix 4.1

Removed items from subscale tension due to high percentages of missing answers (does not apply)

Item	Missing answers
I think of moving out of my own house, because of workers' client's behaviour	<i>n</i> = 92
I feel threatened by workers' client	<i>n</i> = 86
Workers' client keeps me awake during nights	<i>n</i> = 67
I worry about my own future	<i>n</i> = 58

Appendix 4.2

Results of chi-square tests for demographic characteristics of caregivers and their educational level and daily activities

	Educational level					Daily activities ^a			χ^2 , <i>p</i> -value
	Very low <i>n</i> (%)	Low <i>n</i> (%)	Inter- mediate <i>n</i> (%)	High <i>n</i> (%)		Regular daily activities <i>n</i> (%)	No regular daily activities <i>n</i> (%)	χ^2 , <i>p</i> -value	
Gender									$\chi^2(1)=0.007$, <i>p</i> =0.934
Female	71 (64)	18 (16.2)	2 (1.8)	40 (36.0)	11 (61.1)	45 (42.9)	20 (19)		
Male	40 (36)	10 (9)	3 (2.7)	20 (18)	7 (6.3)	28 (26.7%)	12 (11.4)		
Age									$\chi^2(6)= 20.696$, <i>p</i>=0.002*
17-35	40 (36)	2 (1.8) ^b	1 (0.9)	27 (24.3)	10 (9)	38 (36.2) ^e	2 (1.9)		
36-50	40 (36)	11 (9.9)	2 (1.8)	21 (18.9)	6 (5.4)	26 (24.8)	14 (13.3)		
51 and over	31 (27.9)	15 (13.5) ^c	2 (1.8)	12 (20)	2 (1.8)	9 (8.6)	16 (15.2) ^f	$\chi^2(1)= 25.90$, <i>p</i><0.001**	
Nature of relationship									$\chi^2(6)= 13.593$, <i>p</i>=0.035*
Parent	52 (46.8)	21 (18.9) ^d	3 (2.7)	22 (19.8)	6 (5.4)	27 (25.7)	22 (21) ^g		
Family-member	18 (16.2)	2 (7.1)	1 (0.9)	12 (10.8)	3 (2.7)	15 (14.3)	1 (1)		
No relative	41 (36.9)	5 (4.5)	1 (0.9)	26 (23.4)	9 (8.1)	31 (29.5)	9 (8.6)		

* *p* ≤ 0.05, ** *p* < 0.001

^aAnalyses were performed with *n* = 106, due to missing answers.

^b Post hoc χ^2 : 17-35 years (less likely very low): $\chi^2(1) = 13.67$, *p* = < 0.001

^c Post hoc χ^2 : 51 years and over (more likely very low): $\chi^2(1) = 12.25$, *p* = < 0.001

^d Post hoc χ^2 : Parents (more likely very low) $\chi^2(1) = 12.25$, *p* = < 0.001

^e Post hoc χ^2 : 17-35 years (more likely regular daily activities) $\chi^2(1) = 19.36$, *p* = < 0.01

^f Post hoc χ^2 : 51 years and over (less likely regular daily activities) $\chi^2(1) = 17.64$, *p* = 0.001

^g Post hoc χ^2 : Parents (less likely regular daily activities) $\chi^2(1) = 9$, *p* = < 0.01

Appendix 4.3

Results of chi-squared tests for differences in personal characteristics of included participants and excluded participants for the caregiver's burden

	Included in analyses CB (<i>n</i> = 62) <i>n</i> (%)	Excluded in analyses CB (<i>n</i> = 49) <i>n</i> (%)	
			<i>p</i>
Nature of relationship			<0.001
Parent	40 (64.5)	12 (24.5)	
Non- parental family member	10 (16.1)	8 (16.3)	
Non-family related	12 (19.4)	29 (59.2)	
Gender			0.892
Female	40 (64.5)	31 (63.3)	
Male	22 (35.5)	18 (36.7)	
Age			0.001
17-35	15 (24.2)	25 (51)	
36-50	31 (50)	9 (18.4)	
51 and over	16 (25.8)	15 (30.6)	
Educational level			0.017
Very Low	22 (35.5)	6 (12.2)	
Low	4 (6.5)	1 (2)	
Intermediate	27 (43.5)	33 (67.3)	
High	9 (14.5)	9 (18.4)	
Daytime activities			0.526
Suitable activities	38 (61.3)	35 (71.4)	
Retired	4 (6.5)	2 (4.1)	
No activities	20 (32.3)	12 (24.5)	
Duration			0.489
Less than 6 months	11 (17.7)	14 (28.6)	
Between 6 months and 1 year	12 (19.4)	10 (20.4)	
Between 1-3 years	19 (30.6)	14 (28.6)	
More than 3 years	20 (32.3)	11 (22.4)	
Intensity			0.105
Less than once a month	17 (27.4)	14 (28.6)	
Once a month	17 (27.4)	10 (20.4)	
Every two weeks	20 (32.2)	10 (20.4)	
Every week or more	8 (12.9)	15 (30.6)	

**p*-value in bold indicates a significant difference (*p* < 0.05).

CB = Caregiver's burden

DANKWOORD

Het straathoekwerk. Al vanaf 2011 ben ik (deels) werkzaam in, met of voor de praktijk van het straathoekwerk. Nooit had ik toen kunnen bedenken dat dit vak, deze ambacht, me zo zou interesseren. Zo'n 10 jaar geleden rolde ik ineens het onderzoek in, ik geloof tot verbazing van iedereen (inclusief mezelf). In 2016 kwam de vraag aan mij om onderzoek naar het straathoekwerk te doen en nu, in 2024 rond ik dit deel af met het opleveren van mijn proefschrift. Heel onwerkelijk, want dit betekent een einde van een tijdperk. Gelukkig mag en kan ik me de komende jaren nog blijven verdiepen in dit prachtige vak.

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van het straathoekwerk. Hierbij hoort ook mijn professionele ontwikkeling, één die ik soms heel lastig gevonden heb en waar we samen op konden reflecteren. Dank voor al het vertrouwen, de geruststellingen en ook jouw lange adem die nodig was om dit proefschrift af te kunnen ronden.

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over onderliggende redenen van resultaten in dit proefschrift. Samen hebben we ervoor gezorgd dat er een representatief beeld van de straathoekwerk-praktijk doorklinkt in dit proefschrift.

Ook de straathoekwerkers in de rest van Nederland (en Vlaanderen) wil ik bedanken. Het meelesen en meedenken is cruciaal geweest om over het Nederlandse straathoekwerk te kunnen schrijven. En wat ben ik blij dat we de komende jaren samen verder gaan optrekken in onderzoek en belangen behartigen voor onze doelgroep.

Een aantal mensen van (inmiddels) perMens wil ik specifiek even noemen. Robin (bestuurder bij perMens), eind 2016 hadden wij een gesprek over de eventuele mogelijkheid om te kunnen promoveren 'op het straathoekwerk'. Je wilde weten of ik dat zou zien zitten. Hier moest ik wel even over nadenken, want als praktijkmens (lees: wars van de computer) was dit wel een overstap, ook al deed ik al een tijd onderzoek bij lectoraat Youth Spot. Maar ik wist ook dat dit hét onderwerp zou zijn waarin ik me zou kunnen vastbijten. En dan is het, bijna 8 jaar later, zo ver. Ik wil je bedanken voor deze kans, alle tijd en ruimte die ik kreeg (krijg) en je rotsvaste vertrouwen in mij. Dit voelde ik in 2016 en dit voel ik nog elke dag.

Dan wil ik nog specifiek bij twee straathoekwerkers stil staan. Ik begin met Piet, want Piet is zo ongeveer het begin van het straathoekwerk in Nederland. Toen bekend werd dat ik onderzoek zou gaan doen naar het straathoekwerk, werd ons contact intensiever. Naast dat je al je oude informatie over het straathoekwerk aan me gegeven hebt, heb je me ook bijgestaan met raad en daad en zoals het een straathoekwerker betaamt: gevraagd en ongevraagd. Wàt geniet ik van onze gesprekken, je cowboy-verhalen van vroeger en je duidelijke visie op het straathoekwerk. Dan Omar, als ik aan het hedendaagse straathoekwerk denk, dan kom jij onder andere als beeld naar boven bij mij. Je kwam als stagiaire binnen bij toen Streetcornerwork en daarna hebben wij samen mogen werken in o.a. het Vondelpark. Wat prijs ik mij gelukkig dat wij sindsdien samen oplopen om het straathoekwerk te ontrafelen en op de kaart te zetten. Je kritische blik, reflecterende vragen en warme persoonlijkheid maken dat het superfijn samenwerken is met jou. Ik hoop dat we dit nog lange tijd voort kunnen zetten.

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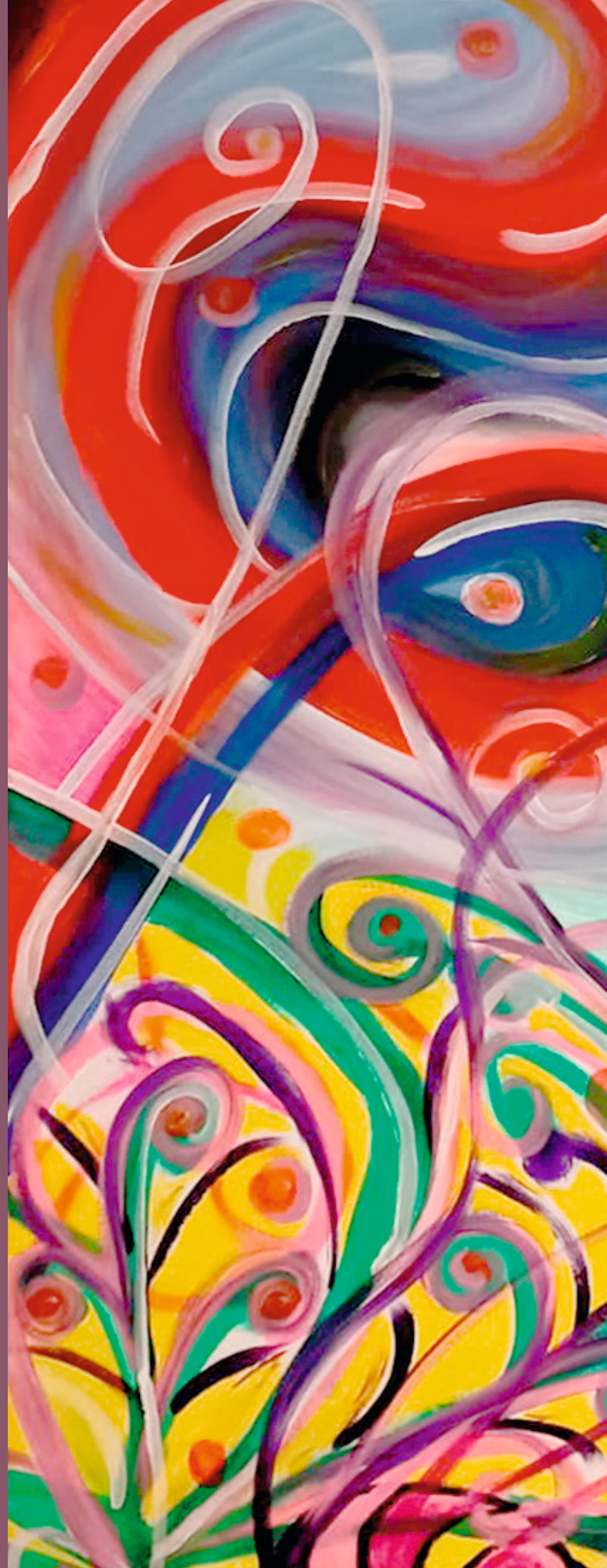
De afgelopen jaren heb ik gezien, geleerd en ervaren hoe belangrijk de mensen zijn die het dichtst bij je staan: in mijn geval mijn eigen gezin en mijn schoonfamilie. Ik prijs mij ontzettend gelukkig met mijn lieve schoonouders Henk en Wieneke, mijn zwager Jeroen en zijn vriendin Maaïke, de vriendinnen van mijn broers: Maaïke en Ellen en al mijn lieve mijn nichtjes en neefjes: Jolee, Timme, Milou, Tom, Lize, Mattijs, Sepp en Lenn.

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Ook specifiek wil ik hier mijn oma Larda (Allarda) noemen. Doordat ik in dit project de geschiedenis van het straathoekwerk indook hebben wij gesprekken gevoerd over hoe het leven er vroeger uit zag, onder andere door de ogen van jou toen je een jonge vrouw was. Je hebt me een inkijkje gegeven in een deel van je leven en je overtuigingen die ik nog niet scherp had. Ook kwam door onze gesprekken bij mij het eerste besef hoe groots het is dat er bij ons in de familie nu iemand promoveert en dat dit een vrouw is. Ik dank jou voor dit historische besef en het besef dat we als vrouwen een lange weg afgelegd hebben én nog een (lange) weg te gaan hebben betreffende emancipatie.

Lieve Bas, wat vind ik het fijn om het leven samen met jou te leven. Dit proefschrift is een groot onderdeel geweest van mijn werkende leven waarin ons leven samen zich ook ontwikkelde. We verhuisden van Utrecht naar Bunnik, we trouwden en ons gezin is compleet met onze 2 lieverds: Lukas en Kai. Jij hebt me altijd op het hart gedrukt mijn ambities te volgen en ik voel me enorm gesteund door je. Ik ben trots op ons. Op hoe we ons leven invullen, zo goed mogelijk mee proberen te deinen met de golven die we tegenkomen en genieten van alle mooie momenten die we samen als gezin hebben.

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