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How is participation related to well-being of homeless people? An explorative qualitative study in a Dutch homeless shelter facility

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ABSTRACT

The majority of homeless people is socially excluded which negatively affects their well-being. Therefore, participation-based programs are needed. The current research is conducted within a Dutch homeless shelter facility that offers educational, recreational, and labor activities to clients in an environment which is designed to feel safe (an enabling niche). The main aim of these activities is to facilitate social participation. We conducted two qualitative studies consisting of 16 semi-structured interviews, to explore clients' experiences with participation in activities in relation to their well-being. The findings showed that clients experienced that participation had led to an improvement of physical, social, and mental well-being. In general, clients reported that due to participation in activities they have strengthened their social support network, improved their (mental and physical) health, self-esteem and personal growth. We concluded that in order to facilitate long-term positive outcomes of participation in practice, it is necessary to focus on group cohesion, and on the social worker's behavior and attitude.

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1. Introduction

Participation, defined as “a person's involvement in activities that provides interaction with others in society or the community” (Levasseur, Richard, Gauvin, & Raymond, 2010, p. 2146), is an important element of civil society because it provides people with access to networks, jobs, and other resources. Due to the aspect of social interaction, participation helps people obtain direct personal rewards such as personal fulfillment through giving to others and increased self-esteem (Wallace & Pichler, 2009).

For the large majority of homeless people, participation is not self-evident because they are often socially isolated (Van Straaten et al., 2016). In most cases homeless people have lost or damaged social ties with their families, are unemployed and excluded from the housing market, nor do they participate in recreational activities such as sports, and are excluded from educational activities (Gupta, 1995; Vandermeersch, Van Regenmortel, & Scheerder, 2016; Wolf, 2016). Moreover, some homeless people have lost the social skills to interact with others or to maintain a job due to various reasons such as substance addiction (Latkin, Mandell, Knowlton, Vlahov, & Hawkins, 2016; Tam, Zlotnick, & Robertson, 2003), aggressive and other violent behaviors (Roy, Crocker, Nicholls, Latimer, &

Reyes-Ayllon, 2014) and mental disorders (Fazel, Khosla, Doll, & Geddes, 2008). Therefore, it is extremely difficult for them to start participating in society again.

Several Dutch organizations that provide shelter services and ambulatory care (shelter facilities) focus on training the skills of their homeless clients through promoting participation in safe environments before attempting to participate in society. These safe environments, or so-called enabling niches, are places where people can grow, work on self-fulfillment, and are being stimulated to connect to other people (Taylor, 1997; Van Regenmortel & Peeters, 2010). For example, the shelter facilities offer activities to homeless people with the goal to participate in society, in turn resulting in an enhancement of well-being. Participation in these safe environments enables homeless people to practice interacting with others (thus improving their social skills), to learn to take responsibility, and to improve their self-esteem.

Although the relationship between participation and well-being in the general population has often been examined (e.g. Eurostat, 2010; Wallace & Pichler, 2009), only a few studies explored this relationship in the homeless population. Some of these studies focused on the requirements and barriers to participate in

activities (Bradley, Hersch, Reistetter, & Reed, 2011; Zuvekas & Hill, 2000), but they did not focus on the outcomes of social or occupational participation. Other studies examined the outcomes of specific interventions that are based on group work and strengths in homeless people and showed positive effects of participation on social skills, self-knowledge, feelings of understanding, and an increase in self-confidence (e.g. Cordero Ramos & Muñoz Bellerin, 2017; Daniels, D'andrea, Omizo, & Pier, 1999). Furthermore, studies on participation of homeless people in sports activities showed positive effect on aspects of well-being, such as an increase in social support and physical health, reduced substance abuse and symptoms of mental illness and an enhanced personal development (Peachey, Lyras, Borland, & Cohen, 2013; Randers et al., 2011; Sherry & O'May, 2013). However, none of these studies focused specifically on participation in different kinds of activities and its influence on the broad concept of well-being.

Regarding the conceptualization of well-being, research on well-being of homeless people has witnessed a significant paradigm shift in the last decade. Traditionally, research focused especially on objective outcomes in homeless people such as physical and mental health disorders and substance abuse (Fazel et al., 2008; Fischer & Breakey, 1991; Tam et al., 2003). Nowadays, research on homelessness is increasingly focusing on subjective outcomes such as (experienced) well-being, quality of life, and meaningfulness (Biswas-Diener & Diener, 2006; Hubley, Russell, Palepu, & Hwang, 2014).

In line with this paradigm shift we used a comprehensive approach of well-being and therefore we focused on three dimensions of well-being: physical, mental (i.e. psychological), and social well-being. A person can experience a stable sense of well-being only when the physical, mental, and social resources are sufficient to meet a particular physical, mental, and/or social need (Dodge, Daly, Huyton, & Sanders, 2012).

The current research focused on the participation of homeless people (i.e. clients of a shelter facility) in the safe environment of a shelter facility in the Netherlands. Specifically, the clients' experiences with the participation-well-being relationship was explored in two studies, whereby:

- Study 1 explored homeless clients' experiences with participation in educational, recreational, and labor activities in relation to their (reported) well-being and;
- Study 2 focused on the homeless clients' experiences with taking part in a sports intervention and its influence on two aspects of well-being, i.e. the sense of coherence (Antonovsky, 1979) and social support (Bates & Toro, 1999).

Despite the fact that the two studies were independently developed, we combined them in the current paper because both studies explore the relationship between activities and subjective well-being of homeless people. Although the data collection of the second study (January until April 2016) took place before the data collection of the first study (February until May 2017), the broader study in which we examined the homeless clients' experiences with participation in activities in relation to well-being is presented first, followed by the second study that addresses clients' experiences in relation to participation in a specific activity and how that relates to specific aspects of well-being.

2. Method

In the current research, a qualitative approach was used to explore the relationship between participation in activities and well-being because we aimed to explore the experiences of clients of a Dutch shelter facility on this relationship. Qualitative research is the best method to explore these experiences, because it helps researchers to explore perceptions and feelings of research participants and to gain understanding of the research topic (Sutton & Austin, 2015).

2.1 Context of the two studies

The Dutch shelter facility (i.e. SMO Breda e.o.), in which both explorative studies were conducted, provides shelter and ambulatory care for approximately 900 homeless people on a yearly base. It is located in a medium-sized city (about 182,000 inhabitants) in The Netherlands (Breda) and it has four residential shelters. One of these shelters is for short-stay only (6–12 weeks) while in the other three shelters clients can stay for a longer period of time (from one year up to a life-time), depending on their needs. The facility also offers a form of ambulatory support, where employees are mentoring people in their own houses. The organization has 170 employees, mostly educated in the field of social work. Employees who are working directly with clients are additionally educated in a strength-based approach and in principles of group work.

2.2 Study 1

2.2.1 Aim and research question

The first study explored the influence of participation of homeless clients on well-being and it aimed to answer the following research question: "How do homeless clients experience their participation in education, recreational, and labor activities in relation to their physical, mental, and social well-being?"

Specifically, this study focused on group-based educational, recreational, and labor activities that are organized under the label “I want to participate” (SMO Breda, 2017). The participation related activities were all supervised by a social worker who is educated and/or experienced in the particular activity (e.g. a supervisor of a woodworking activity is also educated and/or experienced in woodworking). Examples of these activities are presented in Table 1.

Participants of the “I want to participate” program can choose from the different type of activities, depending on their own preferences and strengths. However, participants are supposed to formulate a personal goal related to their needs with emphasis on what they want to learn during the activities. The program’s main goal is to teach clients how to participate in society and therefore the activities focus on learning from each other (peer support), developing strengths and various (social, practical, or work-related) skills sometimes even with the ability to earn an officially recognized diploma. Once clients obtain these participatory skills within the enabling niche of the facility, they are facilitated to participate in social- and work-related activities in society and thus outside of the protective environment.

Additionally, we explored whether the client’s satisfaction with the activity is playing a role in his experiences with the relationship between participation and well-being. When a homeless person is not satisfied with the activity, the supervisor or the group, the likelihood of discontinuing the activity will be higher and/or the benefits of participation might be lower or absent, or they might even be contra-productive.

2.2.2 Procedures and participants

The first study was conducted in the period of February until May 2017. Ten clients (eight males and two females) from two long-stay residential shelters were selected to participate in a semi-structured interview. The interviewer visited the two shelters and asked who

wanted to participate voluntarily in this research. A purposeful sampling method was used, which is a commonly used technique in qualitative studies for the identification and selection of cases who are able to provide a lot of information (Palinkas et al., 2015). The interviewer selected individuals based on variation in age, duration of support (i.e. residence time), and participation level in the “I want to participate” program. The average age of participants was 52 years and the mean duration of support from the shelter facility was over 3 years. Five participants participated on a regular base in the “I want to participate” program (2.5 days or more per week) and the other five participants were less active (less than 2.5 days per week). For those who were not participating in activities anymore (Participants 2, 4, and 10), the questions were related to their experiences with activities they used to participate in. In Table 2 demographic characteristics of participants are presented. All interviews were conducted at the shelter, after participants filled in an informed consent form. The interviews had an average duration of 45 min.

2.2.3 Interview description

We used semi-structured interviews which means that before the interviews were conducted, main topics and most of the open-ended questions related to these topics were formulated (McIntosh & Morse, 2015). During the interview, the interviewer asked additional questions based on the client’s answers. We formulated the following topics and interview questions: (1) demographics (age, gender, residence time), (2) level of participation in activities (example question “How many day/times per week are you joining the activities?”), (3) physical, social, and mental well-being (example question “What is the influence of your participation in educational activities on your physical functioning?”), and (4) satisfaction with the (a) supervisor of the activities, (b) activity itself, and (c) peer group (example question “What do you think of the group of participants?”). In Table 3 a description of these topics and questions is provided along with the reason for including these topics and questions.

Table 1. Examples of educational, recreational and labor activities that are organized under the label “I want to participate”.

Education	Recreation	Labor
Computer course	Mosaic work	Gardening
Resistance training	Ceramics (creative) ^b	Ceramic products manufacturing ^b
Bee-keeper course	Woodworking (creative) ^b	Woodwork manufacturing ^b
Group meetings with several recovery-based themes ^a	Sports (e.g. boxing, swimming, and Sports Surprise)	Housekeeping (e.g. cleaning, linen room)
	Karaoke	Taxi driving
	Theatre	Professional cooking

^aExamples are: how to find a house, how to cope with addiction, how to improve social skills, and how to make a budget.

^bThese activities are separated: for example creative ceramics have a slower pace, another aim and mostly other participants than ceramic products manufacturing. The manufacturing activities prepare participants to work in industry or in a factory.

Table 2. Demographic characteristics of participants (Study 1).

Participant	Gender	Age (years)	Duration of support (years)	Participation level “I want to participate” (days per week)
1	Female	63	.5	2.5
2	Male	62	3	0 ^a
3	Male	77	3	2.5
4	Male	58	5	0 ^b
5	Male	64	4	4.5
6	Male	35	2.5	1.5
7	Male	60	2	2.5
8	Female	34	1	3.5
9	Male	37	1.5	1.5
10	Male	28	.5	0 ^b

^apreviously participated 2.5 days per week.

^bpreviously participated 4 days per week.

Table 3. Interview description (Study 1).

Topic	Example questions	Reason(s) for including this topic/these questions
1 Demographics	<ul style="list-style-type: none"> - What is your age? - Do you consider yourself as male or woman? - How long have you been staying at this shelter facility? 	Demographic variables might influence the client's experiences of participation in activities in relation to well-being. E.g. an older client can have physical difficulties whereby he experiences a lower physical well-being independent from his level of participation in activities. Clients who are staying longer at this facility can have other perceptions of participation
2 Level of participation in activities	<ul style="list-style-type: none"> - How many days/times per week are you joining the activities? - Which activities are you joining? 	The participation level might influence the client's experiences. E.g. clients who participate more in activities have more and probably other experiences than clients who participate less. We examined the type of activities (education, recreation, and labor) in order to ask the proper question at topic 3 (if a client does not participate in recreational questions, we did not need to ask a question about recreational activities)
3 Physical, social, and mental well-being	<ul style="list-style-type: none"> - What is the influence of your participation in educational/recreational/labor activities on your physical/social/psychological functioning?(9 possible questions: type of activity vs. type of functioning) 	This is the main part of the interview (i.e. exploration of research question)
4 Satisfaction with the supervisor, activity itself, and peer group	<ul style="list-style-type: none"> What do you think of ... - the supervisor? - the activities (per type of activity)? - the group of participants? Further exploration (if not mentioned): And how does that influence your participation and/or functioning ... ? 	When a homeless person is not satisfied with the activity, the supervisor or the group, the likelihood of discontinuing the activity will be higher and/or the benefits of participation might be lower or absent or they might even be contra-productive

2.2.4 Analysis

The data analysis procedure consisted of three steps. In the first step, the interviews were transcribed using non-verbatim transcription technique. We did not choose to transcribe data word-for-word (i.e. verbatim), but only transcribed the relevant verbal data related to our research topic (Halcomb & Davidson, 2006) because for proper data analysis it is not always necessary to transcribe the full text as long as there is a focus on the research topics. In the next step, the answers from participants were structured in a meta-matrix (Miles & Huberman, 1994) around the themes and questions from the interview description (see Paragraph 2.2.3). We created two types of meta-matrices. In the first matrix we included educational, recreational, and labor activities on the one hand and physical, mental, and social well-being on the other hand (Table 4). We entered the data in this matrix per client. In the second matrix, we included the answers of all participants (Table 5). In the third step, color codes were used to distinguish relevant quotes associated with the different themes. By using this method, we were able to explore the answers from each individual participant in detail and we were able to perform systematic comparisons between participants (Miles & Huberman, 1994). This method has recently been successfully applied in studies in social and behavioral sciences (e.g. Nicolaisen, Stilling Blichfeldt, & Sonnenschein, 2012; Trabold, O'Malley, Rizzo, & Russell, 2018). Finally, the main activities of the data analysis of this study were conducted by the second author and re-checked by the first author of this manuscript.

2.3 Study 2

2.3.1 Aim and research question

In the second study, which consisted of six semi-structured interviews, we explored the influence of a sports intervention, "Sports Surprise", on two aspects of well-being and we aimed to answer the following research question: "How do homeless clients experience their participation in Sport Surprise in relation to their sense of coherence and social support?"

Sports Surprise is one specific activity of the aforementioned "I want to participate" program. Notably, it consists of two phases that need to be accomplished to enable homeless clients to participate in society. In the first phase, clients are stimulated to play various sports in the protective environment of the shelter facility on a weekly base and under supervision of a social worker. Clients are not informed in advance which sport they will play each time (a surprise element). In the second phase, clients participate in sports in the context of a regular sports association outside the shelter facility. During this phase, clients go through three stages: (1) paying a visit to an external sports association and playing sports under supervision of an external sports coach in the presence of a sports coach from the shelter facility, (2) participating in a trial training session of a specific type of sports that clients became enthusiastic about, and (3) becoming a member of a sports association where each client is linked to a "buddy", a member of the sports association. The buddy helps the client with the introduction to other members of the sports association. Furthermore, participants can do voluntary work in return for paying the membership fee.

Table 4. Meta-matrix per participant (example of Participant 1, 63 year-old-woman) (Study 1).

Activities client is joining	Educational activities	Recreational activities	Labor activities
Physical well-being	Computer course Typing is becoming faster and faster. My fingers have become more supple	Creative activities under which mosaic work and ceramics I notice that my arm muscles became stronger, because I move these more	Housekeeping It's a bit hard to say, but I walk more, so physically it makes you better. I have improved my condition. My arms and legs have become stronger, because I'm using my arm and leg muscles more. I have gained more endurance The same applies as with recreation. I have learned to interact with more people. Now I know better how to communicate
Social well-being	I don't use Facebook and during the computer course I hardly get the chance to chat with other people. You have to be busy with the computer course	I can talk to people who are also joining creative activities. This became easier. Now I know how I can improve my communication. The other residential clients did not become real friends. I don't think I can interact with people in that way. I prefer supporting people. Hence, I became more helpful. I wouldn't call myself a coach (...) People asked me for help more often (...)	
Psychological (mental) well-being	I have learned how to work with a computer	I'm proud of myself. I can do something. I have accomplished something. I believe that I have become more independent. I also gained more insight into getting a job done	The same applies as with recreation activities. I gained more insight into getting a job done

A global orientation that expresses the extent to which one has a pervasive, enduring, though dynamic, feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected. (Antonovsky, 1979, p. 132)

The sense of coherence contains three dimensions: (1) comprehensibility, a belief that things happen in an orderly and predictable fashion, (2) manageability, a belief that one has the skills or ability or resources to take care of things, and (3) meaningfulness, a belief that things in life are interesting and really worthwhile (Antonovsky, 1979).

We used the following categorization of social support (i.e. one aspect of social well-being): (1) tangible support involving material aid, such as shelter, food, clothing and monetary assistance, (2) advice or appraisal support that consists of information and assistance, (3) belonging support that is about a sense of attachment and community, and (4) self-esteem support which is related to positive feelings generated about oneself through the interaction with others (Bates & Toro, 1999).

2.3.2 Procedures and participants

This study was conducted in the period from January 2016 until April 2016 and consisted of six semi-structured interviews. Because of the amount of participants of Sports Surprise and the willingness and ability to participate in the current study, we used total population sampling: all clients who were joining Sports Surprise in January 2016 (three males and three females) participated in this study on a voluntary basis. Two participants were living in a residential shelter and four were living in their own dwelling with ambulatory care from the shelter facility. Furthermore, their average age was 47 years and the mean duration of support from the shelter facility was almost 5 years. All participants filled in an informed-consent form and during the study they participated with an average of once in every two weeks in Sports Surprise. In Table 6 demographic characteristics of participants are provided.

2.3.3 Interview description

In the interviews, specific questions were asked about both the sense of coherence and social support. These two constructs were operationalized based on the aspects of comprehensibility, manageability, and meaningfulness (Antonovsky, 1979) and tangible, advice, belonging, and self-esteem support (Bates & Toro, 1999) (see Paragraph 2.3.1). Example questions

Table 5. Part of meta-matrix with aim to compare answers (Study 1).

Topic	Question	Participant 1	Participant 2	Etc. (participant 3–10)
2	How many times a day/per week are you joining the activities?	5 day times per week, i.e. 2.5 days	Only in the beginning I joined the activities for 5 day times per week. Currently, I am not joining the activities because of my physical condition	...
3	What is the influence of your participation in educational activities on your physical well-being	Typing is becoming faster and faster. My fingers have become more supple	N/A ^a	...
Etc. (1–4)

^aonly participated in recreational and labor activities in the past.

Table 6. Demographic characteristics of participants (Study 2).

Participant	Gender	Age (years)	Duration of support (years)
11	Female	60	4
12	Female	42	5
13	Male	37	6
14	Male	46	2.5
15	Female	52	6.5
16	Male	45	5.5

were “has the way you are coping with stories or information changed, since you joined Sports Surprise?” (comprehensibility), “Did you get help or assistance from co-participants (of Sports Surprise) with buying food or clothes?” (tangible support), and “Did co-participants advice you regarding to work or health?” (advice support). The semi-structured interviews had an average duration of 45 min. In Table 7 a description of these topics and questions is provided along with the reason for including these topics and questions.

2.3.4 Analysis

The data analysis procedure of Study 2 also consisted of three steps. First, we transcribed all interviews using non-verbatim transcription technique. Second, we clustered the interview quotes around topics with the use of computer software KODANI DED Standard (version 1.1.8) (Doorewaard, Van de Ven, & Kil, 2015). This form of data processing was comparable to the method of the meta-matrix (Miles & Huberman, 1994) that was used in the first study. Specifically, we filled in one matrix with all the participants’ answers (comparable to Table 5). Finally, we summarized the main aspects of the participants’ answers. In this way, it was possible to make systematic comparisons between participants. Additionally, the main activities of the data analysis of this study were conducted by the third author and re-checked by the first author of this manuscript.

3 Results

3.1 Study 1

3.1.1 Participation and physical well-being

Most participants (8 out of 10) experienced positive influences of participation on their physical well-

being and the other two participants experienced neither positive nor negative influences. Several times participants mentioned that they experienced benefits in terms of improved physical flexibility. A 77-year-old participant illustrated:

I notice that my flexibility increases. I use the stairs more often and walk through all these hallways ... I can better keep on moving. Walking is getting better because of this. (Participant 3, 77-year-old man)

Furthermore, one participant mentioned that the suppleness of his fingers has increased as a result of a computer course. Benefits for physical well-being were also mentioned related to sports activities. For example, one participant reported that he has remained fit due to the weekly walking activity, and another participant has noticed an improvement of his condition due to a weekly swimming activity. Moreover, labor activities also led to positive physical outcomes, which was illustrated by one participant who told that he had walked a lot during participating in an activity in a ceramics workplace. Other mentioned positive influences of participation on physical well-being were improvement of muscle strength, quality of sleep and energy gain.

3.1.2 Participation and mental well-being

With regards to mental well-being, most participants (8 out of 10) experienced positive influences as a result of participating in activities. Some clients reported positive mood changes, mostly happiness, because they could think of something pleasant instead of thinking about their problems. These positive mood changes also caused increased calmness and patience among some participants.

Other experienced benefits of participation in activities were (1) enhancement of self-esteem and recognition that was caused by the feeling that they can attribute to society, (2) to be more independent, (3) to be proud, (4) to have a familiar feeling, (5) to have more self-reflection, and (6) to have a daily structure. A participant mentioned:

I improved my self-esteem. I was contributing. This was increasing my self-satisfaction. Thereby I was

Table 7. Interview description (Study 2).

Topic	Example questions	Reason(s) for including this topic/these questions
1 Sports Surprise	<ul style="list-style-type: none"> - How did you experience Sports Surprise the last 10 weeks? - What did you like/dislike? - Why ... ? 	General evaluation of experiences of Sports Surprise. In order to interpret the answers on the main topics adequately, it is important to know whether clients had positive or negative experiences and feelings and how this is caused
2 Social support	<ul style="list-style-type: none"> - Did you get help or assistance from co-participants (of Sports Surprise) with buying food or clothes or other material things? How was this related to participation in Sports Surprise? Why ... ? - Did anything in your life related to your living situation, daily activities, financial situation, social life change due to participation in Sports Surprise? Why ... ? - Did co-participants advice you about work or health? Why ... ? - Did you get to know more people due to your participation? Why ... ? What does it mean to you? - Did the way you are in touch with people change due to your participation? Why ... ? What does it mean to you? - How did/do you interact with co-participants? Did it change? Why ... ? What does it mean to you? 	First main part of the interview: exploration of research question regarding tangible, advice, belonging, and self-esteem support
3 Sense of coherence	<ul style="list-style-type: none"> - Did the way you are coping with stories or information changed, since you joined Sports Surprise? Why ... ? - Did you gain more autonomy the last period? (How) is that related Sports Surprise? How ... ? - Did you notice changes on the way you make decisions? For example, if someone offers you assistance, do you make a decision faster? (How) is that related to Sports Surprise? - How do you cope with stories/information people tell you? - Do you consider the things you do more interesting and worthwhile? Why? (How) is that related to Sports Surprise? 	Second main part of the interview: exploration of research question regarding sense of coherence (i.e. comprehensibility, manageability, and meaningfulness)

recognized by other people. (Participant 1, 63-year-old woman)

Another participant reported:

I am more motivated to take action, because now I get energized from working and I have got greater peace of mind. I notice I have become more enterprising. When I am done working I am very satisfied. (Participant 7, 60-year-old man)

Although most participants (8 out of 10) experienced a positive influence of participation on their mental well-being, two participants noticed a negative influence and one participant did not experience any benefits regarding to his mental well-being.¹ One client mentioned bad group cohesion because some of the group members were people he knew from his past (during the time he was in prison) and therefore he experienced a flattening of effect. Another participant reported that he had the feeling of being stigmatized during his attempts to participate in activities outside of the shelter because he is a client of the shelter facility:

People outside the shelter think that everyone who is living here, is a drug or alcohol addict or a child rapist. (Participant 3, 77-year-old man)

3.1.3 Participation and social well-being

Most participants (7 out of 10) experienced positive influences on their social well-being as a result of participating in activities, such as (1) getting to know other people, (2) making friends and getting social support from them, (3) developing stronger communication skills, and (4) becoming more social and helpful. One participant told that he has been doing voluntary work in a nursing home for elderly people, under supervision of a social worker of the shelter facility. Through the process of working with elderly people, his behavior has changed in a positive way that is needed for social interaction. This respondent reported:

I am able to see the entire world again and now I see it in a different way. I assume things easier from the elderly. They do not make me aggressive. They help me to train my behavior. (Participant 6, 35-year-old man)

Four participants experienced negative influences of participation on their social well-being, such as a bad group cohesion and negative experiences with some of the group members.² One participant wanted to get to know new people because the group consisted of people that he knew from his past of which he wanted to disconnect.³

3.1.4 Satisfaction and its role in participation and well-being

All participants indicated that their satisfaction with the (1) supervisor, (2) activities and (3) peer group

were essential to keep on participating in the activities and to increase their well-being. Firstly, two participants reported that they discontinued participation in activities because of inadequate attitudes and behaviors of their supervisors, and one client indicated that he was participating in a certain activity because of the supervisors. He illustrated this by telling:

If it wasn't for these two, I wouldn't have done it. The way the supervisors are acting is very important to the activity. (Participant 5, 64-year-old man)

In their answers, participants reported that the supervisor must be (1) knowledgeable, (2) sympathetic and present, (3) give autonomy to participants, (4) show respect, and (5) act on an equal level. Secondly, only a few participants indicated that satisfaction with the activity itself was also crucial for them to keep participating. They reported that activities must (1) be meaningful and give a sense of fulfillment, (2) fit to personal intelligence level and life phase, and (3) provide a structure.

Finally, on questions regarding satisfaction with the group, a little less than half of the participants (4 out of 10) answered that they would stop participating if they were not satisfied with their peer group. Two of them already had a bad experience with the group that led to discontinuation of their participation in activities. One of these participants reported that the group has made him aggressive and depressed leading to an increased chance of relapse.

3.2 Study 2

3.2.1 Sports Surprise and sense of coherence

Clients experienced a positive influence on two of three variables of sense of coherence, namely on manageability and to a lesser extent on meaningfulness, but they did not report an influence on comprehensibility. Regarding manageability, most participants (4 out of 6) reported that they had obtained skills to recognize and use resources better than before, due to participating in Sports Surprise. A participant mentioned:

Now I think better about it and look for a solution. I figure out if I can do something or not. (Participant 11, 60-year-old woman)

Another participant reported:

If you are in the group, then you must take them into account. That is sometimes difficult for me. But it is good to learn those things. It is fun. (Participant 14, 46-year-old man)

While one participant mentioned that he had a stronger belief that things in life are interesting and worthwhile, the remaining participants could not clearly state what the influence was of Sport Surprise

on meaningfulness. However, all six participants experienced an increase of their involvement in situations that are important to them and they found it worthwhile to take on challenges. One participant illustrated this by telling:

It is easier to start new things. It is also easier to get over problems. I am just feeling better and my condition is improving. (Participant 16, 45-year-old man).

3.2.2 Sports Surprise and social support

We asked participants about their experiences on the influence of participating in Sports Surprise on (1) tangible, (2) advice, (3) belonging, and (4) self-esteem support. Firstly, the influence of Sports Surprise on tangible support was experienced as marginal. Most participants (5 out of 6) reported that they did not get any material aid due to participating in Sports Surprise. However, three of them were telling that they have been giving material aid to others. A participant stated:

I give a lot of things away. I am also getting things, but these are of different values. (Participant 12, 42-year-old woman).

One participant ended his addiction treatment with the support of the shelter facility, went to live in a residential shelter facility and he also took control over his financial situation. Although it was hard for him to define the exact influence of Sports Surprise on this positive development, he reported that the shelter facility played a role in it.

Secondly, we found a more defined experienced influence regarding advice support. All six participants reported that they gave information and assistance to other participants and stakeholders of Sports Surprise. Four participants reported that they gained support from participants and stakeholders of Sports Surprise, especially regarding their financial situation.

Thirdly, it seemed that participants also experienced that Sports Surprise had a positive influence on belonging support in terms of enhanced sense of attachment and community. All participants experienced pleasure in connecting to other persons and they even made new friends. Noticeably, they did not only expand their social circle with co-participants of Sports Surprise, but also with contacts outside the shelter facility. A participant reported:

Then I have to send a message to some persons and they are ready to help me. I have built more than just a social tie with them. (Participant 15, 52-year-old woman)

Finally, most participants (5 out of 6) reported higher levels of self-esteem support. Most of them experienced increased social interaction with several persons, among whom were also other persons than they knew from Sports Surprise.

3.2.3 Sports Surprise in relation to other aspects of well-being

Although we did not explicitly ask whether respondents experienced a positive influence on well-being due to their participation in Sports Surprise, all respondents reported benefits on their well-being. They all reported a physical health improvement (i.e. less physical complains) and three participants have noticed positive changes in their mental health (i.e. less negative mood). These positive influences of participation in Sport Surprise on well-being are mainly due to obtaining several skills, such as (1) dealing with anxiety, (2) pushing boundaries, and (3) a better endurance. Accordingly, some of the participants also reported that sports is like a distraction for the mind.

4. Discussion and conclusion

In two studies we explored how homeless clients experienced their participation in activities in relation to their well-being within the context of a Dutch shelter facility. We found that clients experienced that participation has led to an improvement of important components of physical, social, and mental well-being. In general, clients reported that due to participation in activities they have improved their social support, have increased their mental and physical health (i.e. mood and physical condition), and have enhanced their self-esteem and personal growth. The current findings are in line with research among the general population: participation in activities results in several (1) indirect social rewards (i.e. access to friends, networks, jobs and resources) and (2) direct personal rewards (i.e. personal fulfillment due to giving to others, fulfilling passions and commitments) leading to an improvement of well-being (Wallace & Pichler, 2009).

However, some clients reported that they have experienced a negative influence of participating in activities on aspects of their social and mental well-being which is related to their experiences with the group cohesion and the supervisor (i.e. social worker). First, the clients who have experienced a bad group cohesion, experienced lower or even negative benefits of participation on their social and mental well-being. This is in line with findings related to group therapy in clinical settings: clients who experience a better group cohesion also have more benefits of this intervention (Budman et al., 1989; Taube-Schiff, Suvak, Antony, Bieling, & McCabe, 2007). Second, clients also have experienced that the supervisor's attitude and behavior plays an important role in the participation and well-being relationship: the supervisor can hinder or facilitate clients' participation in activities. This is not surprising as various previous research shows that clients who have a better connection with their (social) worker

have better treatment outcomes (Altena et al., 2017; Chinman, Rosenheck, & Lam, 2000).

We also found that clients experienced that participation expands their social circles leading to an enhancement of advice support. Although clients did not report that participation led to finding a job or obtaining tangible support, we found that the majority of the participants experienced an increase in a variety of resources, such as practical and social skills. Additionally, clients reported that participation has increased their self-esteem, recognition, personal development, and that it had led to a feeling of being meaningful and worthwhile. These reported experiences are also in line with conclusions drawn by Eurostat (2010) regarding social participation and social isolation. Participating in social activities on both personal and community level makes people happy (Eurostat, 2010). In our study happiness was explicitly mentioned in relation to mental well-being.

4.1. Methodological remarks

The current research had several methodological remarks. First, both studies were conducted within the context of one organization and therefore the transferability to other populations cannot be established. However, a qualitative research does not aim to attempt to generalize the findings to a wider population (Sutton & Austin, 2015). Therefore, other designs (i.e. quantitative) and related research questions could be applied.

Second, both studies had a small sample size (respectively 10 and 6 participants). However, Guest, Bunce, and Johnson (2006) indicated that a sample of six interviews can already be an adequate size to find basic elements for meta-themes and that a sample size of 12 would be enough for saturation. This implies that our sample size would be sufficient to draw valid conclusions within the context of the study.

Third, in qualitative research it is always necessary to realize the particular role of the researchers in the interpretation of the collected data, because researchers have their own filter and experiences (Sutton & Austin, 2015). In order to enhance accuracy of data interpretation, most of the data-analyses was re-checked and supervised by a second researcher (i.e. first author of this manuscript).

Finally, we address a content-wise limitation: only participation inside or under supervision of employees of the shelter facility was examined in this study. It is important for homeless people to participate in society in a broader way, and not only in the safe environment of a shelter facility. For example, it is still an open question whether the shelter facility is stimulating homeless people hard enough to participate in society. Therefore, future research should focus on participation in activities in society as a whole and the steps that are necessary to accomplish social participation.

4.2 Implications

The findings of this research indicated that, in order to facilitate long-term positive outcomes of participation in practice of homeless clients, it is important to focus on (1) group cohesion and (2) the supervisor's behavior and attitude. We found that when group participants were satisfied with the group and the supervisor, they felt recognized, built confidence, and their motivation to continue the activity increased. Therefore, it is important to encourage homeless clients to not only interact with people from their former network (e.g. with whom they have had negative experiences in the past), but to increase contact with people who they can trust. Of course, every participant in the group had his own problems and personal history, but with the right mix of people it seems possible to create a positive atmosphere leading into a safe learning environment.

Furthermore, our findings demonstrated that it is crucial that supervisors of a group activity are trained on social and communicating skills. We found that the supervisor fulfills a crucial role, since he can facilitate or hinder client participation in groups. Specifically, it is important that the supervisor is knowledgeable, sympathetic and present, is promoting autonomy of participants, is showing respect, and is able to act on an equal level. A way to accomplish this is to stimulate that social workers should be courageous and feel comfortable to share personal stories with their clients. Through the process of sharing, relationships of equality between clients and workers can be built (Urek, 2017).

Additionally, our research supported the importance of creating a safe environment (i.e. enabling niche), in which participants are given responsibility, are feeling that they are equal to each other (including the supervisor), and are experiencing respect and recognition for what they are doing and who they are. Shelter facilities should implement the principles of the concept of the enabling niche (Taylor, 1997) into practice.

Finally, on the level of governmental policy it is important that shelter facilities are stimulated to develop group-based interventions. Unfortunately, some Dutch institutions that offer services to homeless people have recently been implementing cost-cutting measures by ending activity programs for their clients, mainly due to negative incentives from the government and health insurance companies.

Notes

1. One participant reported both a positive and a negative influence on mental well-being.
2. One participant reported both a positive and a negative influence on social well-being.

3. The same participant reported this experience regarding to mental well-being.

Disclosure statement

The first and third author of the paper are employed by SMO Breda, the shelter facility where the research is conducted. However, the management board of SMO Breda had no role in the study design, the collection, analysis, and interpretation of data, nor in the content of the paper. Furthermore, the conditions of the employment of these two authors are fully independent of the content and publication of the current paper.

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References

- Altena, A. M., Krabbenborg, M. A. M., Boersma, S. N., Beijersbergen, M. D., Van Cen Berg, Y. H. M., Vollebergh, W. A. M., & Wolf, J. R. L. M. (2017). The working alliance between homeless young adults and workers: A dyadic approach. *Children and Youth Services Review*, 73, 368–374.
- Antonovsky, A. (1979). *Health, stress and coping*. San Francisco, CA: Jossey-Bass.
- Bates, D. S., & Toro, P. A. (1999). Developing measures to assess social support among homeless and poor people. *Journal of Community Psychology*, 27(2), 137–156.
- Biswas-Diener, R., & Diener, E. (2006). The subjective well-being of the homeless, and lessons for happiness. *Social Indicators Research*, 76(2), 185–205.
- Bradley, D. M., Hersch, G., Reistetter, T., & Reed, K. (2011). Occupational participation of homeless people. *Occupational Therapy in Mental Health*, 27(1), 26–35.
- Budman, S. H., Soldz, S., Demby, A., Feldstein, M., Springer, T., & Davis, M. S. (1989). Cohesion, alliance and outcome in group psychotherapy. *Psychiatry*, 52(3), 339–350.
- Chinman, M. J., Rosenheck, R., & Lam, J. A. (2000). The case management relationship and outcomes of homeless persons with serious mental illness. *Psychiatric Services*, 51(9), 1142–1147.
- Cordero Ramos, N., & Muñoz Bellerin, M. (2017). Social work and applied theatre: Creative experiences with a group of homeless people in the city of Seville. *European Journal of Social Work*, 19, 1–14.
- Daniels, J., D'andrea, M., Omizo, M., & Pier, P. (1999). Group work with homeless youngsters and their mothers. *The Journal for Specialists in Group Work*, 24(2), 164–185.
- Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing*, 2(3), 222–235.
- Doorewaard, H., Van de Ven, A., & Kil, A. (2015). *Praktijkgericht Kwalitatief Onderzoek. Een Praktische Handleiding [Practice-based qualitative research. A practical guideline]*. Amsterdam: Boom Lemma Uitgevers.
- Eurostat. (2010). *Social participation and social isolation*. Retrieved from <http://ec.europa.eu/eurostat/web/product-s-statistical-working-papers/-/KS-RA-10-014>.
- Fazel, S., Khosla, V., Doll, H., & Geddes, J. (2008). The prevalence of mental disorders among the homeless in western countries: Systematic review and meta-regression analysis. *PLoS Medicine*, 5(12), 1670–1681.
- Fischer, P. J., & Breakey, W. R. (1991). The epidemiology of alcohol, drug, and mental disorders among homeless persons. *American Psychologist*, 46(11), 1115–1128.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? *Field Methods*, 18(1), 59–82.
- Gupta, G. R. (1995). Homelessness and mental disorder: Policy considerations. *Journal of Social Distress and the Homeless*, 4(1), 33–42.
- Halcomb, E. J., & Davidson, P. M. (2006). Is verbatim transcription of interview data always necessary? *Applied Nursing Research*, 19(1), 38–42.
- Hubley, A. M., Russell, L. B., Palepu, A., & Hwang, S. W. (2014). Subjective quality of life among individuals who are homeless: A review of current knowledge. *Social Indicators Research*, 115(1), 509–524.
- Latkin, C. A., Mandell, W., Knowlton, A. R., Vlahov, D., & Hawkins, W. (1998). Personal network correlates and predictors of homelessness for injection drug users in Baltimore. *Maryland. Journal of Social Distress and the Homeless*, 7(4), 263–278.
- Levasseur, M., Richard, L., Gauvin, L., & Raymond, É. (2010). Inventory and analysis of definitions of social participation found in the aging literature: Proposed taxonomy of social activities. *Social Science & Medicine*, 71(12), 2141–2149.
- McIntosh, M. J., & Morse, J. M. (2015). Situating and constructing diversity in semi-structured interviews. *Global Qualitative Nursing Research*, 2, 1–12.

- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA: Sage.
- Nicolaisen, J., Stilling Blichfeldt, B., & Sonnenschein, F. (2012). Medical and social models of disability: A tourism providers' perspective. *World Leisure Journal*, 54(3), 201–214.
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533–544.
- Peachey, J. W., Lyras, A., Borland, J., & Cohen, A. (2013). Street Soccer USA Cup: Preliminary findings of a sport-for-homeless intervention'. *Journal of Research*, 8(1), 3–11.
- Randers, M. B., Petersen, J., Andersen, L. J., Krustup, B. R., Hornstrup, T., Nielsen, J. J., ... Krustup, P. (2011). Short-term street soccer improves fitness and cardiovascular health status of homeless men. *European Journal of Applied Physiology*, 112(6), 2097–2106.
- Roy, L., Crocker, A. G., Nicholls, T. L., Latimer, E. A., & Reyes-Ayllon, A. R. (2014). Criminal behavior and victimization among homeless individuals with severe mental illness: A systematic review. *Psychiatric Services*, 65(6), 739–750.
- Sherry, E., & O'May, F. (2013). Exploring the impact of sport participation in the Homeless World Cup on individuals with substance abuse or mental health disorders. *Journal of Sport for Development*, 1(2), 1–11.
- SMO Breda. (2017). *Ik wil meedoen* [I want to participate]. Retrieved from <https://www.ikwilmeedoen.nl/>.
- Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *The Canadian Journal of Hospital Pharmacy*, 68(3), 226–231.
- Tam, T. W., Zlotnick, C., & Robertson, M. J. (2003). Longitudinal perspective: Adverse childhood events, substance use, and labor force participation among homeless adults. *The American Journal of Drug and Alcohol Abuse*, 29(4), 829–846.
- Taube-Schiff, M., Suvak, M. K., Antony, M. M., Bieling, P. J., & McCabe, R. E. (2007). Group cohesion in cognitive-behavioral group therapy for social phobia. *Behaviour Research and Therapy*, 45(4), 687–698.
- Taylor, J. B. (1997). *Niches and practice: Extending the ecological perspective*. In: Saleebey (red.), *The strengths perspective in social work practice*. New York, NY: Longman, White Plains.
- Trabold, N., O'Malley, A., Rizzo, L., & Russell, E. (2018). A gateway to healing: A community-based brief intervention for victims of violence. *Journal of Community Psychology*, 46, 418–428.
- Urek, M. (2017). Unheard voices: Researching participation in social work. *European Journal of Social Work*, 20(6), 823–833.
- Vandermeersch, H., Van Regenmortel, T., & Scheerder, J. (2016). 'There are alternatives, but your social life is curtailed': Poverty and sports participation from an insider perspective. *Social Indicators Research*, 133(1), 119–138.
- Van Regenmortel, T., & Peeters, J. (2010). Verbindend werken in de hulpverlening: Bouwsteen voor een veerkrachtige samenleving [Connective working in social care: The building block of a resilient society]. In J. Peters (Ed.), *Een veerkrachtige samenleving [A resilient society]* (pp. 133–146). Antwerpen: Epo.
- Van Straaten, B., Rodenburg, G., Van der Laan, J., Boersma, S. N., Wolf, J. R. L. M., & Van de Mheen, D. (2016). Changes in social exclusion indicators and psychological distress among homeless people over a 2.5-year period. *Social Indicators Research*, 135(1), 291–311.
- Wallace, C., & Pichler, F. (2009). More participation, happier society? A comparative study of civil society and the quality of life. *Social Indicators Research*, 93(2), 255–274.
- Wolf, J. (2016). *Krachtwerk. Methodisch werken aan participatie en zelfregie [Strengths Work. Methodological working on participation and self-direction]*. Bussum: Coutinho.
- Zuvekas, S. H., & Hill, S. C. (2000). Income and employment among homeless people: The role of mental health, health and substance abuse. *The Journal of Mental Health Policy and Economics*, 3(3), 153–163.