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Autonomy and authority: Homeless service users' empowering experiences in housing first and staircase services

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Abstract

Although Housing First (HF) has gained widespread support as a service model to end homelessness, staircase services (SS) continue to proliferate. Critics have argued that SS contribute to institutionalisation and neglect the structural causes of homelessness. However, HF employs an empowerment-orientated approach which can reduce institutionalisation and enable service users to achieve their potential. In this study, we combined a conceptual framework of empowering service features with the capabilities approach to compare the experiences of service users in HF and SS in Ireland. We carried out four focus group discussions with service users in HF ($n = 7$) and SS ($n = 8$). Using thematic analysis, we identified three themes that represented participants' descriptions of services: support orientation, home is more than shelter and organisational and political participation. Autonomy-orientated support and an emphasis on service user choice and housing afforded HF service users' empowering experiences. The authoritarian approach, and emphasis on housing readiness and provider expertise undermined SS service users' empowering experiences. Findings suggest how HF and SS service features shape service users' lived experiences and perceptions of services. Implications for policy and practice are discussed.

KEYWORDS

capabilities approach, empowerment, homeless services, housing first

1 | INTRODUCTION

To address homelessness, it is common for government agencies and voluntary organisations to collaborate to provide services to adults experiencing homelessness on a short- or long-term basis. The most widely used model of homeless service provision is the staircase of transition (Abbé Pierre Foundation & FEANTSA, 2019). In the staircase of transition, services and supports are conceptualised as a continuum, beginning with emergency drop-in services and night shelters with intensive support, to transitional housing units and permanent supportive housing with moderate to low levels of support (Harvey, 1998). In emergency accommodation services, if service users 'prove' they are 'housing ready' by complying with the service's rules and regulations, they may move up the continuum to better quality accommodation with less intensive support (Gulcur, Stefancic, Shinn, Tsemberis, & Fischer, 2003). Service users who do not or cannot comply with service requirements risk eviction and exclusion from homeless services on a temporary or permanent basis (Hopper, Jost, Hay, Welber, & Haugland, 1997; Sahlin, 2005; Weinreb & Rossi, 1995; Wong, Park, & Nemon, 2006).

Researchers critical of staircase services (SS) note that it takes a single adult approximately 10 years to progress through the staircase to independent housing (Abbé Pierre Foundation & FEANTSA, 2018). Homeless adults who spend years living in service settings can become accustomed to institutional life rather than independent life in the community, which can constrain their successful exits from homeless, or even make them reluctant to move out of services and into independent supported housing (Caton, Carol Wilkins, & Jacquelyn Anderson, 2007; Hopper et al., 1997; Mayock, Sheridan, & Parker, 2015). Other criticisms of the staircase stem from its underlying assumption that homelessness is caused by individuals' deficiencies rather than structural deficiencies like housing shortages (Busch-Geertsema & Sahlin, 2007). Phelan and Norris (2008) asserted that SS exert inordinate control over homeless service users and exclude individuals who have challenging support needs. Similarly, Watts (2013) argued that the structure and underpinning values of Irish homeless services pressure homeless adults to comply with service providers as 'grateful supplicants', compared to Scotland, where the housing-led rights-based approach protects service users as 'entitled rights-holders' (Clarke, Watts, & Parsell, 2020; Watts, 2013, p. 805). Homelessness creates severe situational constraints on the everyday lives of homeless adults, leaving them disempowered and inadvertently reliant on services to meet their basic needs (Batterham, 2019; Evangelista, 2010; Nicholls, 2010). The literature described suggests that the service delivery practices of SS may actually reinforce service users' sense of powerlessness, and even lead to institutionalisation. Thus, a major change is needed in the policies and practices of homeless services so that they work to end homelessness rather than merely manage it.

Housing First (HF) is an alternative model of homeless service provision that addresses the structural causes of homelessness. HF originated in New York City to respond to the needs of homeless adults with serious mental illness who were excluded from mainstream services (Tsemberis & Asmussen, 1999). HF combines permanent housing with wraparound multidisciplinary support, and it operates according to the principles of service user choice, the right to housing, and harm reduction (Atherton & Nicholls, 2008). Service users live in the community in independent scatter-site housing, and they choose the frequency and configuration of supports based on their individual needs and preferences (Tsemberis, 2010). HF is more effective at housing people who are experiencing homelessness and supporting them to retain their tenancies compared to staircase models (Aubry et al., 2020; Richter & Hoffmann, 2017; Rog et al., 2014; Woodhall-Melnik & Dunn, 2016).

In Europe, HF has gained widespread support from policymakers, and from stakeholders in the homeless services sector (Busch-Geertsema, 2013). HF has been successfully adapted and implemented in 13 European countries (Housing First Europe Hub, 2020). However, housing shortages and organisational and political resistance remain as barriers to scaling up HF implementation (Busch-Geertsema, 2013; Greenwood, Stefancic, Tsemberis, & Busch-Geertsema, 2013). HF and SS operate according to different philosophies, and have different consequences for service users' outcomes, and further research on service users' experiences can compare how these services support or constrain them in achieving housing stability, and reduced marginalisation and inequality. In this study, we employ

overlapping theories of empowerment and human development to examine how homeless service users experience services as empowering settings.

2 | EMPOWERING HOMELESS SERVICES SETTINGS

In this study, we employed Maton's (2008) definition of empowerment to describe empowering homeless services as those that enhance service users' control over their affairs and environment, enable them to acquire important resources and entitlements, and achieve actualisation and community integration. Maton (2008) proposed that there are six characteristics of empowering community organisations, including relational environment, opportunity role structure and collective belief system. Researchers have employed Maton's framework of empowering community organisations to examine the goals and principles of homeless service providers (Gaboardi et al., 2019), and the experiences of community mental health service users (Jorge-Monteiro, Aguiar, Sacchetto, Moniz, & Ornelas, 2014). However, the underlying assumptions of Maton's framework are that the population under study have participatory roles at the organisation, and that the organisation under examination is empowerment-orientated (O'Shaughnessy & Greenwood, 2020). In settings where empowering features are scarce, or where service users do not participate in the organisation, an alternative framework is needed.

In their review of the literature on the effectiveness of empowerment in the mental health field, Fitzsimons and Fuller (2002) described empowering mental health service settings as individualised, flexible, strengths-focused, collaborative, competency-building and as providing and developing support. Individualised and flexible services include supports that are arranged according to the service user's personal needs, preferences and requirements. Strengths-focused services capitalise on service users' existing skills and talents. Collaborative services involve a cooperative relationship between providers and service users, marked by equitable processes and mutual respect. Competency-building services offer educational and training opportunities relevant for improving the lives of services users. Services that provide and develop support tap into informal support exchanged between service users and facilitate self-help and experiential learning. In this study, we applied these conceptual empowering service features (Fitzsimons & Fuller, 2002) to examine homeless service users' perceptions of services.

The capabilities approach (CA) is a framework for understanding individual flourishing that complements Fitzsimons and Fuller's (2002) typology of features of empowering services. The CA was originally developed by Sen (1980) as an innovative theory of human development. A capability refers to what a person is free to do and to be, given the context in which they live. Building on Sen's work, Nussbaum (2011) developed 10 central functioning capabilities which refer to the basic elements of a well-lived life, and include dimensions such as bodily health, emotions and control over one's environment (see Table 1). The CA is practical for studying the experiences of homeless adults because it incorporates the structural influences on a person's ability to convert their means to opportunities (capabilities), and to realise their chosen opportunities (functionings; Sen, 1992). The capabilities presented or denied to an individual depend heavily on the surrounding social, economic and political context (Shinn, 2015; Smith & Seward, 2009). For homeless adults, their ability to realise their capabilities largely depends on the type, range, and quality of homeless services they can access. Indeed, the CA has value for understanding the challenges faced by the homeless population (Shinn, 2015), and researchers have successfully applied the CA to examine the experiences of adult homeless services users in HF and SS (Kerman & Sylvestre, 2020; Nicholls, 2010; O'Shaughnessy et al., 2020).

The central capabilities and empowering features framework overlap in several ways: both approaches refer to democratic participation, human dignity and the fulfilment of human potential. The central capabilities refer to the dimensions of a well-lived life, but without indicating the conditions that may afford or constrain these dimensions, so we integrated Fitzsimons and Fuller's (2002) conceptual empowering features to bridge this gap, and to generate a holistic view. Unlike the empowering features framework, the CA incorporates basic needs in personal safety, health and shelter, which are often absent for adults experiencing homelessness. Together these approaches offer a

TABLE 1 Framework of empowering capabilities-enhancing homeless services

Empowering Service Features	
Competency-building	Collaborative
Individualised, flexible and strengths-focused	Promotes and develops supports
Central Capabilities	
<i>Life</i> : To have a life worth living and to not die a premature death	<i>Senses, imagination, and thought</i> : To engage in activities that stimulate thought, senses and imagination. Freedom of speech and the freedom to practice one's religious faith. To experience pleasure and avoid non-beneficial pain
<i>Bodily integrity</i> : To feel safe and protected from any kind of violence, be it physical, sexual or domestic. To make reproductive choices and have opportunities for sexual satisfaction	<i>Other species</i> : To be able to enjoy and appreciate animals, plants and the world of nature
<i>Bodily health</i> : To have adequate shelter, nourishment, and good physical health	<i>Emotions</i> : Not having one's emotional development overshadowed by fear and anxiety. To experience love, grief, longing, gratitude and justified anger
<i>Affiliation</i> : To have a variety of social interactions, show empathy, and care for and co-exist with others. To be treated with dignity and be free from humiliation	<i>Practical reason</i> : To be able to reflect on and plan one's future. To engage in critical thinking
<i>Play</i> : To feel joy, have fun and engage in pastimes	<i>Control over one's environment</i> : To have influence over one's domain, routine, and to be economically independent. To participate in the political process, and freely exercise one's citizenship

fair and comprehensive way to depict how service users interact with, and experience service features as supporting or constraining for their freedom and actualisation (Tanekenov, Fitzpatrick, & Johnsen, 2018).

Service user empowerment is an underlying principle of HF (Tsemberis, 2010), yet service users' experiences of HF have not been examined using an empowerment framework. Qualitative research on HF service users' experiences indicates that being housed leads to feelings of stability, and a sense of identity that in turn facilitates recovery from experiences of homelessness and associated adversity (Kirst, Zerger, Harris, Plenert, & Stergiopoulos, 2014; Macnaughton et al., 2016; Padgett, 2007). Additionally, researchers have highlighted empowerment in service users' accounts (Kirkpatrick & Byrne, 2011), and examined concepts of empowerment such as service user choice (Piat, Seida, & Padgett, 2019). By applying the complementary theoretical frameworks of capabilities and empowering settings to service users' accounts of their experiences, we aimed to offer a new perspective on how HF works to support people experiencing homelessness.

Because HF service users have met their housing needs, they are in a better position to pursue goals in other life domains (Henwood, Derejko, Couture, & Padgett, 2015; Padgett, 2007). However, for some individuals in HF, the challenge to achieve stable housing is replaced with new challenges related to community integration, employment and financial stability (Henwood et al., 2015; Kirst et al., 2020; Polvere, Macnaughton, & Piat, 2013), and the empowerment-capabilities approach we employ in this study can advance existing understandings of these challenges. For SS service users, the time-limited nature of accommodation creates instability, anxiety and isolation (Henwood, Derejko, et al., 2015; Henwood, Stefancic, et al., 2015), and the rule-bound nature of service delivery can lead service users to feel humiliated and objectified (Hoffman & Coffey, 2008; Stark, 1994), through applying the empowerment-capabilities approach we aimed to explore these challenging aspects of SS from the perspective of service users.

Homelessness is an intractable affliction on vulnerable members of our societies and experiences of homelessness strip away basic physical and psychological human affordances. Much homeless services research emphasises housing outcomes and scientific rigour (Sylvestre, Nelson, Sabloff, & Peddle, 2007), but an examination of service users' experiences can indicate if and how services go beyond providing shelter and support to also reduce

inequality, social exclusion, powerlessness and to promote the development of citizenship. In this study, we employed the theoretical frameworks of empowering service features and the central capabilities to qualitatively examine service users' experiences of Housing First and staircase services in Ireland. Our aim was to capture homeless service users' perspectives of service aspects that create or constrain empowering capability-enhancing experiences. We employed a comparative focus group study with service users in HF and SS to answer our research question: *How do homeless services afford or constrain empowering capability-enhancing experiences for service users?* To define and operationalise empowering homeless service features, we integrated Fitzsimons and Fuller's (2002) empowering features of mental health settings with Nussbaum's (2011) central capabilities.

3 | METHOD

3.1 | Eligibility and recruitment

Homeless service users were eligible to participate if they were at least 18 years of age, sufficiently fluent in English to understand and discuss focus group (FG) topics and were currently engaged with a homeless service (HF or SS) for least 4 weeks. Service users were not eligible for the study if they were not able give consent because of active psychosis or inebriation. Participants received a €15 shopping voucher for taking part.

3.1.1 | Homeless services selection

HF and SS programmes previously known to the authors were selected for the study. These included two HF and two SS services in Limerick and Dublin, Ireland. One SS service was a homeless hostel for men that provided emergency and short-term accommodation on a 6-month basis. The second SS service was a low threshold (wet) homeless hostel that provided temporary supported accommodation for both men and women living in homelessness. Both HF services operated according to the Pathways Housing First model (Tsemberis, Gulcur, & Nakae, 2004) with an emphasis on independent scattered-site housing, service user choice, and harm reduction. Due to housing shortages at the time of FG interviews, two HF participants were receiving HF supports in transitional housing while they waited for independent accommodation to become available. These transitional housing units were small self-sufficient apartments located in a staff-supervised building where other formerly homeless adults lived. On-site support was provided by social work professionals known as keyworkers.

3.1.2 | Materials and procedure

The authors received prior approval from their institution's ethical review board for all research activities that took place as part of this study. Service providers served as gatekeepers who described the study to potential participants and referred interested individuals to the first author, who co-ordinated the FG sessions. We determined that a sample of four to five participants per FG was ideal for this study, because it would account for dropouts, and it would allow each participant time to discuss each topic in detail (Morgan, 1997; Stewart & Shamdasani, 1990). Smaller groups are sufficient where participants may know one another, which was the case in this study (Morgan, 1997). To determine the number of focus groups, we considered recommendations by Sandelowski (1995) to balance the quantity and quality of focus groups, such that the analysis of in-depth participant accounts was not hampered by having too few or alternatively, too many focus groups. As focus groups were conducted, we simultaneously analysed the data (Robinson, 2014) to monitor theoretical saturation (Glaser & Strauss, 1967). The first author conducted preliminary analyses as data was being collected and met with the second author to discuss the levels of

information garnered from existing data, and the potential of gaining new information from further focus groups (Strauss & Corbin, 1990). Following this procedure, four focus groups were carried out, including two with participants in HF and two with participants in SS.

All participants read and understood the participant information sheet and provided written consent before FG discussions commenced. Participants also completed a brief demographic form. Interviews took place in a private room at the service setting and lasted 58 min on average (range = 37:48–69:51). We developed a discussion guide based on Fitzsimons and Fuller's (2002) conceptual empowering features of mental health settings. The guide consisted of 18 open-ended main questions, and 12 open-ended sub-questions. Sub-questions were asked only if the initial question did not prompt sufficient group discussion of topics. Questions were asked in the same order, but discussion moderators probed inductively on key responses. Moderators asked questions in relation to the service/programme, keyworkers, external services/programmes, and the ways in which they helped participants in the past, the way they are currently helping them, and the ways in which they could help participants more. The discussion guide was divided into the following four topics of inquiry:

1. Provision of competency building activities.
2. Collaboration.
3. Flexible, individualised and strengths-based orientation.
4. Provision and development of mutual supports.

For example, on the topic of collaboration, we asked participants, 'do you have a say in how the service helps you?', followed by, 'in what ways, or not?'. The moderators led the discussion so that it stayed on track, and so each participant could share their perspective. All FG discussions were audio-recorded, transcribed verbatim and pseudonymised.

3.2 | Data analysis

We conducted a realist thematic analysis according to Braun and Clarke's (2006) stages: (1) familiarisation with the data, (2) generation of initial codes, (3) search themes, (4) define themes, and (5) review themes. The first author led the analysis and trained two additional coders to verify initial codes. Coders were research assistants with experience in thematic analysis. Each coder independently coded transcripts then met to review and agree on the codes, which were derived from Fitzsimons and Fuller's (2002) model of empowering features of mental health settings. Disagreements were resolved by consulting with a third senior researcher. Following additional guidelines by Miles, Huberman, and Saldana (2014) and Bazeley (2009), the first author consolidated and grouped codes into themes and sub-themes deductively to answer the research question and inductively, according to topics most commonly discussed by participants. We then reviewed themes and extracts with reference to the 10 central capabilities (Nussbaum, 2011; Table 1). To define and refine themes, the first author wrote descriptive outlines of each theme and sub-theme, with extracts, and met with the second author to agree on them in relation to the study aim and research question.

4 | RESULTS

4.1 | Participants

Participant characteristics are presented in Table 2. Fifteen participants took part in FG discussions; seven were in HF and eight were in SS. During recruitment, one participant dropped out due to unknown reasons. Participants in HF and SS were similar in gender, education and lifetime homelessness; however, SS participants were older than HF participants. The groups differed according to the duration they had spent in services: SS participants had been

in services twice as long as HF participants (SS = 23 mos., HF = 11.07 mos.), although a large standard deviation was observed for the SS group (SD = 30.41).

4.2 | Themes

Three themes represented the ways that participants described empowering service features: support orientation, home is more than shelter and organisational and political participation. Themes and subthemes are summarised in Table 3. Participants are identified by their pseudonym, service type (HF or SS) and FG number.

4.2.1 | Support orientation

Keyworkers are the main point of contact that service users have with services, and participants discussed their interactions with keyworkers at length. HF participants described collaboration and reciprocity, and SS participants described experiences of condescension and infantilisation.

Service user-led supports. HF participants described how they collaborated with their keyworker to determine their housing and support requirements:

We go through every angle of different things [...] like would we be happier in accommodation on our own, or [...] where there would still be staff (Frances, HF1).

They [HF staff] help you get accommodation but don't rush you and [...] listen to your needs and [...] they don't just force you to get a place (Dani, HF2).

	HF		SS	
	n/M	%/SD	n/M	%/SD
Age ^a	33	5.57	51.14	8.80
Gender				
Male	3	42.9	7	87.5
Female	4	57.1	1	12.5
Relationship status				
Single	3	42.9	7	87.5
In a relationship	4	57.1		
Divorced			1	12.5
Education ^{b,c}				
None			1	12.5
Primary	4	57.1	2	25
Secondary	1	14.3	1	12.5
Post-secondary	1	14.3		
Lifetime homelessness (mos.) ^b	55.71	35.45	74	8.66
Time at service (mos.)	11.07	8.62	23	30.41

TABLE 2 Participant characteristics

^at(12) = -5.37, p < .001.

^bData missing for four SS participants.

^cData missing for one HF participant.

TABLE 3 Themes and related service features

Themes and sub-themes	Service	Empowering feature/capability	Related service features
<i>Support orientation</i>			
Consumer-led	HF	Exhibited: <i>Collaborative, and flexible, individualised and strengths-focused</i> Afforded: <i>Control over one's environment</i>	<ul style="list-style-type: none"> • Support qualities: <ul style="list-style-type: none"> ◦ Tailored ◦ Autonomy-orientated ◦ Rights-based ◦ Non-judgemental ◦ Service user-driven
Provider-led	SS	Undermined: <i>Collaborative and strengths-focused</i> Constrained: <i>Control over one's environment, bodily health, affiliation</i>	<ul style="list-style-type: none"> • Surveillance of everyday life • Rigid rules • Conditional accommodation • Unsuitably structured living configuration • Punitive measures
<i>Home is more than shelter</i>			
Feeling at home	HF	Exhibited: <i>collaborative, strengths-focused, individualised and flexible and competency-building</i> Afforded: <i>senses, imagination and thought, emotions, control over one's environment and bodily health</i>	<ul style="list-style-type: none"> • Constancy, stability, routine and privacy of home • Normal rules of tenancy
A poor substitute for home	SS	Undermined: <i>Competency-building, collaborative and strengths-focused</i> Afforded: <i>bodily health</i> Constrained: <i>Affiliation, play, emotions, and control over one's environment</i>	<ul style="list-style-type: none"> • Congregate and conditional accommodation • Sharing with others actively dealing with mental health and addiction issues • No tenant's rights
<i>Organisational and political participation</i>			
Participatory roles	HF	Exhibited: <i>development and provision of support, strengths-focused and competency-building</i>	<ul style="list-style-type: none"> • Service user involvement initiatives with sufficient resources, training and support
No collective voice	SS	Undermined: <i>Collaborative, and provision and development of support</i> Constrained: <i>Material and political control over one's environment</i>	<ul style="list-style-type: none"> • Service delivery not structured to involve service users • Ineligible to register to vote without official address

These participants described their housing needs and preferences as central to their support and housing plans, where flexibility and collaboration, rather than coercion, were conducive to a happy living situation. Participants described service user-led supports in empowering terms based on their experiences of having their expertise and preferences valued and accounted for in decisions about their housing situations.

HF participants described the help they received as autonomy-orientated, with an emphasis on independence and community integration: 'They're [...] very supportive in getting you back out there into the world and living on your own' (Sara, HF2). Mutual respect was earned and reciprocated between service users and service providers: 'if they respect us, we respect them' (Frances, HF1). The principles of HF were apparent in participants' descriptions of support as 'tailor made' (Alex, HF1), rights-based: 'everyone deserves a home' (Sara, HF2), and non-judgemental:

'they don't judge' (Sara, HF2). HF is underpinned by the belief that housing is a human right and participants are accepted by the service without judgement or precondition, and this rights-based approach can be transformative for individuals accustomed to having to 'earn' housing.

Provider-led supports. SS participants described service practices that compromised their privacy and dignity. In one hostel, accommodation was contingent on abstinence, and providers sanctioned service users for consuming alcohol: 'thrown out for five hours' (Ted, SS1), 'because he was having a can in someone else's room. Sitting there just having a beer' (Damien, SS1). Hostel service providers enforced sobriety rules irrespective of service users' individual treatment needs and preferences, which participants experienced as unfair, paternalistic, and punitive. SS participants felt infantilised by seemingly arbitrary rules that controlled their behaviour and undermined their autonomy: 'You're treated as... you're a grown man, you don't matter, and you're treated like a child' (Damien, SS1). The authority that SS providers exercised over participants led them to feel subordinate and humiliated, which indicated a constraint on their affiliation capability dimension.

Participants in the wet hostel, in contrast to those residing in the abstinence-based hostel, did not describe surveillance as humiliating, but rather as a normal part of their lives. Cameras in the halls monitored their movements: 'Big Brother is always watching' (Terry, SS2). Staff even monitored and recorded the minutiae of everyday life: 'if you don't eat your dinner like it's marked down [...] so they know' (Matt, SS2), and were present during excursions: 'there's two staff with us then, all the time' (Terry, SS2). Although a wet hostel can accommodate individuals who use substances or alcohol, staff members do not always differentiate between those with or without substance misuse problems. Because SS operate from the assumption that residents are incapable of living independently (Anthony & Blanch, 1989; Busch-Geertsema & Sahlin, 2007), many live in unnecessarily restrictive settings that require very different skill sets than those required for independent living in the community.

4.2.2 | Home is more than shelter

In their own homes, HF participants transformed their sense of competence, identity and stability, but in temporary accommodation, SS participants experienced no such transformation and were instead concerned with their immediate needs in shelter and personal safety.

Feeling at home. HF participants described how home helped them to express their true selves:

We're only kind of getting to know ourselves again, now that we have our own place, our own like front door, our own independence! (Sara, HF2).

It gives me a sense of identity [...] the whole flat like suits my personality (Dani, HF2).

Home acted as a base for participants to privately express themselves, away from the interruption of others, and this is a marker of ontological security: a sense of wellness derived from having a stable social and material environment, which gives rise to self-expression, and self-actualisation (Laing, as cited by Padgett, 2007). Ontological security overlaps with several capabilities, including senses, imagination, and thought, emotions and control over one's environment. To participants, home was more than bricks and mortar, it was a meaningful space for self-expression, free thought and emotional development.

One participant felt encouraged by completing regular household tasks: 'I've never done anything like that [managing household bills] but it makes me feel prouder [...] because I'm doing normal things...' (Phil, HF2). Another described the joy they gained from being in their own home: 'you just feel a lot more comfortable in your own space. It just makes you feel happier' (Dani, HF2), in contrast to experiences of hostels: 'I treated it as an institution; I didn't treat it as home' (Phil, HF2). These participants' experiences illustrate how the daily experiences, and

sensations of normalised living can work to build a sense of stability and pride. In this way, HF helps service users to move their life away from institutions towards life in the community.

A poor substitute for home. SS participants were exposed to traumatic events such as overdoses, which they normalised as a part of hostel life: 'we've seen people overdosing practically every day here' (Jerry, SS2). One person described how a co-resident would routinely take over communal areas: 'when it comes to the television, anyone changes it, [...] he goes haywire' (Ted, SS1), and others were afraid of being evicted if they quarrelled with co-residents: 'any messing then, you're out the gate straight away' (Terry, SS2). In congregate settings, people with diverse physical and mental health needs live under one roof, and this was a source of stress and tension that constrained participants' freedom to enjoy recreation, control over their environment, and positive affiliation with others.

Life in the shelter was so difficult for some participants that they favourably considered life on the streets:

I often think sometimes you're better off living on the streets (Ted, SS1).

Because you've your own independence...and you don't answer to nobody [...] you just look out for yourself (Damien, SS1).

The rules, unequal power dynamics, and lack of privacy and autonomy that characterise congregate housing are extremely difficult to endure, and this observation is important for understanding why, when the choice is to stay in homeless accommodation or on the streets, some individuals choose the streets over shelter.

SS and HF participants both experienced the repercussions of housing shortages and exclusion. One described being repeatedly overlooked for public housing: 'I'm on the council list like 21 years of my life, 21 years. And all because I've no children, I'm not top priority' (Terry, SS2). One participant in HF, but waiting on a home of their own, suggested that public housing providers discriminated against them: 'we won't get social housing because we're in hostels and we've criminal records' (Bobby, HF1). In situations of extreme housing shortages, public housing is allocated based on deservingness rather than housing need, which means that single people can be overlooked for social housing because of histories of 'nuisance' behaviour, criminal records, or unemployment (Pleace, 1998; Pleace, Teller, & Quilgars, 2011). By maintaining the 'undeserving' in long-term homeless situations, discriminatory housing allocation practices perpetuate chronic homelessness.

4.2.3 | Organisational and political participation

Both SS and HF participants occupied participatory roles at their service organisations, but HF participants described more support and opportunities for development compared to SS participants. Additionally, SS participants described limitations on their ability to influence decisions made about service delivery.

Participatory roles. Several HF participants described their experiences in peer provider roles at the service organisation. One HF participant, Dani, joined the organisation through a community employment scheme: 'I'm the first client they've ever had that's been an employee and [...] they can learn a lot from me and she [service manager] said I can relate to clients in ways they can't' (Dani, HF2). Dani felt supported, recognised and appreciated in their role as a peer support worker. HF programmes that effectively involve service users can help them to develop skills, and peer-delivered support diversifies the socio-emotional help available to service users. Additionally, service users' participation in the programme as peer support workers is an important way in which HF empowers them to have a say in how the service is delivered and to develop important personal and interpersonal skills.

SS participants talked about completing a training programme in peer-overdose prevention, and how it gave them a sense of purpose: 'I'm a peer overdose worker [...] so I kind of do help people in here' (Terry, SS2). The peer overdose prevention training enhanced participants' competencies by teaching them about drug overdoses and naloxone administration. However, in the event of an overdose intervention, peer workers felt that there was a lack of

aftercare support: 'if the staff in here [hostel setting] right, find someone that's overdosing [...] they go away and get counselling [...] [but] there's nothing there for us' (Alex, HF1). Although participatory roles for service users can benefit their skillset and employment opportunities, they should be offered along with recognition and encouragement, and where relevant, sufficient emotional support.

No collective voice. SS participants felt that they had no influence over how the service operated. When asked about giving feedback on how the service operated, one participant felt that 'there's no point really' (Jerry, SS2) because staff had the final say in how the service operated. Others suggested that it was 'the staff! It's the actual staff!' (P2, SS1) that needed to change for the service to become more empowering. Some participated in residents' group meetings, but when it came to making effective change at the service, participants said that staff 'don't listen to you [...] the whole place is just run wrong' (Ted, SS1). SS were not structured to include effective service user participation, and providers were dismissive of service users' experiences and opinions. This was disempowering for service users, who could not exercise control over their environment, and who felt that their efforts to create change were useless.

Some SS participants talked about wider socio-political systems that affected their homeless situation: 'You hear the news nearly every day [...]. They're criticising the government that they're doing nothing about people that are homeless' (Damien, SS1), 'the whole system is not right' (Ted, SS1). However, participants were limited in their freedom to challenge these systems because they could not register to vote without an official address: 'If we had an apartment with the address, they'd be able to do it [help them to register on the electorate]... but we don't have an apartment' (Jerry, SS2). In the previous theme, we described how discriminatory housing allocation policies were systematically disempowering for service users. Similarly in this theme, we identified how disempowering practices at organisational and statutory levels constrain homeless service users' democratic participation, and related freedom to challenge the structural power and resource imbalances present in their lives.

5 | DISCUSSION

We combined a conceptual framework of empowering service features (Fitzsimons & Fuller, 2002) with the central capabilities (Nussbaum, 2011) to understand how service users experience HF and SS as empowering. HF service users experienced person-centred support, home, and meaningful participation as empowering, because these service aspects helped them to exit the housing and services circuit and reclaim their lives. However, SS participants described provider-led support, shelter that was a poor substitute for home, and a sense of voicelessness as disempowering experiences that prevented them from exiting homelessness. The vulnerabilities, injustices and exclusion associated with experiences of homelessness can create a situation of powerlessness among homeless service users, which is why services should deliver support that is orientated towards restoring self-worth, autonomy and stability.

Findings from this study complement and extend evidence for the importance of homeless service providers' values (Gaboardi et al., 2019; Henwood, Shinn, Tsemberis, & Padgett, 2013; Manning & Greenwood, 2018) by indicating how they shape empowering or disempowering service user experiences. In HF, the rights-based, service user-led, recovery orientated values of providers are exhibited through compassionate, dignified and mutually respectful interactions between providers and service users. These value-laden interactions create empowering experiences for service users as they feel recognised and supported by providers to reach their full potential, shape their ideal lives and adjust to community living. However, in SS, the provider-led, abstinence-based, housing readiness values of SS are exhibited through controlling, disrespectful and undignified interactions between providers and service users. These values and interactions undermine empowering experiences as service users struggle to retain a sense of independence and dignity, and adopt behaviours and skills associated with institutional life rather than community life.

Home played an important role in shaping service users' empowering experiences. Having a home allowed HF service users to gain independence, to orientate themselves towards the community, and towards their own personal development and self-expression. Our findings build on existing evidence (Nicholls, 2010; O'Shaughnessy et al., 2020; Padgett, 2007) and suggest that home creates empowering experiences by promoting the development of service users' ontological security. Findings indicate that improvements can be made to existing housing allocation policy and practice through heightened regulation, and enforceable tenant's rights (e.g., in Scotland: Watts, 2013) so that vulnerable people are not stuck in homeless situations and discriminated against because of their illness or turbulent histories. Findings from the theme, 'home is more than shelter' emphasise the importance of placing people in housing that is tailored to their individual needs and preferences, which complements the evidence for the relationship between service user choice and satisfaction with services, with time in independent housing (Greenwood et al., 2020; Greenwood, Schaefer-McDaniel, Winkel, & Tsemberis, 2005) and improved quality of life (Henwood, Matejkowski, Stefancic, & Lukens, 2014; Nelson, Sylvestre, Aubry, George, & Trainor, 2007; O'Connell, Rosenheck, Kaspro, & Frisman, 2006). However, limited housing availability remains challenging for many HF programmes (Greenwood, Bernad, Aubry, & Agha, 2018), and sufficient investments in public housing development and in HF programmes can ameliorate housing shortage issues. HF programmes could also be enhanced by the introduction of dedicated housing advocacy workers (as described in Manning, Greenwood, & Kirby, 2018), integrated opportunities for peer knowledge exchange (Tsai & Rosenheck, 2012) and improved access to information about citizens' rights and entitlements.

Existing research suggests that adult shelter residents employ strategies to cope with life in institutional settings (Armaline, 2005; DeWard & Moe, 2010; Stark, 1994), and our findings captured examples of service users' resistance and agency in relation to shelter rules and regulations. Research has demonstrated that restrictions on personal freedoms, a lack of dignity and respect and the arbitrary enforcement of rules can lead adult service users to leave homeless service accommodation to instead sleep on the street (Clapham, 2003; Hoffman & Coffey, 2008; Parsell & Parsell, 2012) and similarly, our findings show that some service users consider leaving services to maintain a sense of dignity and autonomy. However, others appeared to accept the rules and authority of the hostel service without question. Public conformity does not equate to private acceptance, and we cannot know from these data the extent to which the residents of the wet hostel were 'going along to get along', but we do know that compliance is often equated with deservingness in hierarchical structures that reward compliant behaviour (Armaline, 2005; Stark, 1994). In both contexts, service users described the ways they had adjusted to hostel life rather than community life. In this way, SS may actually perpetuate situations of homelessness by acting as an institutional barrier for service users as they attempt to exit homelessness and live in the community (Hopper et al., 1997; Kuhn & Culhane, 1998; Stark, 1994).

A range of participants' experiences were captured in themes of organisational and political participation. Where service users were active participants, services mobilised employment schemes and education to support them in organisational roles. Where participation was constrained, the authoritarian managerial structure of the service meant that there was no space for service users to voice their concerns and contribute to service improvement. Findings underscore the importance of service user involvement in services, particularly in programme decision making, so that their valuable experiential knowledge is utilised, and the unequal power relations, stereotypes, and beliefs about housing deservingness can be challenged (Miller & Keys, 2001; Whiteford, 2011).

Findings suggest the capabilities dimensions that are aligned with empowering experiences, and the ways that HF supports the development of these dimensions, from the perspective of service users. Findings advance existing HF research by suggesting that service user-led support, having one's own home, and service user involvement in services are important for HF implementation (Greenwood et al., 2018), and for facilitating the improvement of service users' personal development (Davidson et al., 2014; Manning & Greenwood, 2018; O'Shaughnessy et al., 2020). In the context of this study on empowering experiences, salient capabilities dimensions were control over environment, bodily integrity, affiliation, emotions, and senses, imagination, and thought. This multi-dimensional capability set exemplifies the lived experiences of HF service users, and further interrogation of the relationship between these

capabilities and HF service features could better our understanding of how HF empowers adults with experiences of homelessness to overcome adversity and reclaim their lives. Examples of practical reason, life, play and bodily health were discussed in the focus groups but were not given sufficient attention or detail to be included in themes. Other species was not discussed by participants, and it is unclear where this dimension fits with empowering service experiences. Homeless individuals' relationships with nature and animals has received dedicated attention in the literature (Irvine, 2013) which indicates that it is an area worth further investigation. The dimensions of practical reason, and senses, imagination and thought, are complex and warrant exclusive study. Although Nussbaum (2011) claimed that the central the capabilities dimensions are equal and not mutually exclusive, when applied to the experiences of adults with experiences of homelessness, they reflect the basic and advanced elements of an actualised life. Similar to Henwood, Derejko, et al. (2015), further research on the advanced capabilities of HF service users could draw from Maslow's hierarchy to demonstrate how HF service users pursue these elements of actualisation in their journey out of homelessness and into the community.

5.1 | Limitations and future directions

Our sample may not be representative of all HF or SS service users because we worked with service providers to identify and recruit participants. Service providers may have tended to recruit service users who were likely to give positive accounts of their experiences. During FG discussions, we encouraged participants to consider both positive and negative aspects of the service, and we considered all participants' accounts equally in the analysis. However, our findings may not fully represent the experiences of service users who may not have been considered for participation in this study because of their relationship with service providers.

Compared to individual interviews, we believed that FG discussions would yield richer information about participants' perceptions of services, including areas of similarity and contrast. However, some participants may have been more reluctant to share details of their personal experiences in a group setting compared to in individual interviews. To mitigate this, the moderator emphasised the importance of protecting the group's privacy and directed the discussion so that all participants were given equal the opportunity to speak. Our findings are consistent with studies that used individual interviews to understand the experiences of homeless service users (Kerman & Sylvestre, 2020), which suggests that our choice to use group discussions had minimal impact on what participants were willing to share.

Participants were encouraged to generate as many examples of empowering aspects of their services as they could, but it is still possible that we missed additional empowering features that were beyond the scope of our theoretical approach. Together with service users and service providers, future research could build on our findings by developing an exhaustive list of empowering homeless service features. This could inform the development of a scale of empowering homeless services that would have important utilities for research, programme implementation, and service users' outcomes.

6 | CONCLUSION

We examined how homeless services create or constrain empowering capability-enhancing experiences, according to service users. We found that service users' empowering and disempowering experiences were shaped by service support orientation, living configuration, and service user participation. Service user-led support, access to a home, and service user involvement in services generate empowering experiences for services users, and facilitate service users' personal growth, stability and community involvement. Provider-led support, shelter accommodation, and a lack of service user involvement in services undermine empowering experiences for service users, and create feelings of hopelessness, frustration and exclusion. We recommend social policy approaches aligned with the Housing First

approach to challenge institutional and systemic barriers that exacerbate situations of chronic homelessness, so that services work to effectively eradicate homelessness rather than merely manage it.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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