
Working With People Experiencing Homelessness in Europe: A Mixed-Method Approach to Analyse Homeless Services

Marta Gaboardi, Francesca Disperati, Michela Lenzi, Alessio Vieno and Massimo Santinello

Department of Developmental and Social Psychology, University of Padua, Italy

➤ **Abstract_** *In the homelessness field, few studies have focused on social providers' perspectives and factors affecting their work. Moreover, there are not standardized instruments to analyse the working context of social providers in homeless services. This study documents the process in the construction of the SERVICE PROVIDERS QUESTIONNAIRE (SE-PRO Q). The questionnaire aims to identify strengths and weaknesses of organisations working with people experiencing homelessness from the providers' perspective. The questionnaire's items were developed on the basis of the data collected through the qualitative methodology of Photovoice in eight European countries. Photovoice is a method of community-based participatory research that captures aspects of a context through photographs, in this case homeless services, from the perspective of people involved. Photovoice projects were conducted to generate thematic categories about factors affecting providers' work. A translation process was used to provide content of each Photovoice project in the same language (English). Five researchers analysed the data, generated a list of items based on the qualitative analysis, and developed a rating scale. The resulting SE-PRO Q is composed of 100 items organised by 11 dimensions. This paper will address the development process of the tool and the challenges of moving from qualitative to quantitative data at a cross-national level. The relevance of the instrument will be discussed both for research and professional practice. The questionnaire is undergoing testing of its validity and psychometric characteristics.*

➤ **Keywords_** *providers, mixed methods, photovoice, homeless services, cross-national*

Introduction

Providers' perspective analysis seems to be an emerging point in the literature of homelessness (Henwood *et al.*, 2013; Doherty *et al.*, 2020; Gaboardi *et al.*, 2019), especially when considering theoretical models that emphasise the role of all members in fostering the organisations' well-being (Maton, 2008). In public health services, such as services for people experiencing homelessness, providers face different challenges regarding their relationship with users and the working context (Mullen and Leginski, 2010; Olivet *et al.*, 2010; Wirth *et al.*, 2019). First, providers work with the complex needs characterising the clients, e.g. physical and mental health problems (Beijer *et al.*, 2012). Moreover, establishing a relationship is not easy due to the clients' difficulties with the system of care and in trusting providers (Knight, 2013). In addition, the challenges faced by social providers regard also organisational factors, especially deriving from an individual-organisational mismatch and high level of workload (Kulkarni *et al.*, 2013; Wirth *et al.*, 2019). However, in the homelessness field the specific factors affecting providers' work are not clear.

What is known is that organisational factors, along with the complex characteristics of users, can affect providers' well-being and their risk of burnout (Fisk *et al.*, 1999; Lemieux-Cumberlege and Taylor, 2019). The literature has documented that stress symptoms are not only due to individual characteristics but are often linked to people's work contexts (Maslach, 2017). Environmental factors, e.g., organisational factors, may be interspersed with personal factors to increase the level of stress in providers. For example, a recent study conducted in homeless services showed how the availability of training and supervision to providers was positively associated with their work engagement and negatively associated with burnout (Lenzi *et al.*, 2020). Factors influencing providers' well-being should therefore be analysed to prevent the risk of burnout. Indeed, burnout can lead to changes in the behaviour of providers that are counterproductive for both the organisation and the clients (e.g. turnover, absenteeism, reduced quality of work...), with consequences at personal, social, organisational, and economic level (Maslach, 2017). For example, a study in another field demonstrated the effect of leadership on working alliance (between provider and client) and how this effect was mediated by the organisational climate: positive organisational climate supports providers in developing a positive working alliance with their clients (Green *et al.*, 2014). Therefore, analysing work contexts and potential risk factors on the well-being of providers should be a priority to prevent burnout and stress at work. In addition, some organisational factors can help or hinder the application of services' principles and thus the achievement of the objectives (Gaboardi *et al.*, 2019).

Nevertheless, to our knowledge, there are no standardized tools for the analysis of specific factors that may affect providers' work and well-being in homeless services. The main aim of the current study is to analyse homeless services through mixed-method research with two main steps: a first qualitative step using the Photovoice method, followed by a second step to develop a quantitative survey tool that aims to identify strengths and weaknesses of organisations. The tool has the potential to analyse the organisational characteristics of homeless services in order to connect them to the well-being of providers and clients. This is both a diagnostic tool for organisations and a tool that can be combined with measures of well-being to verify which organisational factors are most associated with the providers and clients' well-being.

In homelessness literature different tools have been used such as Evaluation Capacity in Organizations Questionnaire (ECOQ), which aims to measure organisations' capacity to do and use evaluation in the public and/or voluntary sectors (Gagnon *et al.*, 2018); or Organizational Social Context that measures organisational culture and organisational climate in mental health services (Beidas *et al.*, 2014). The literature suggests the additive value of approaching implementation science-related questions using mixed methods and the use of bottom-up analysis to identify newly emergent constructs (Beidas *et al.*, 2014). Usually, qualitative methods integrate and complement results from quantitative methods. In this research, instead, the process starts from qualitative data (collected during Photovoice projects) based on the participants' perspective about their working contexts to create a quantitative measure, as suggested by a previous study (Sacchetto *et al.*, 2016).

Moreover, the recent and ongoing shift from Traditional Services (TS) to Housing First (HF) model (Lancione *et al.*, 2017) is changing the way of working for social providers. Recently, research demonstrated that services' philosophy and structure influence providers' values (Henwood *et al.*, 2013), and then, providers' values influence the clients' outcomes, e.g. recovery (Manning and Greenwood, 2018). The differences in services' philosophy and organisational structure may affect users' experiences of the services. For example, providers in HF focused on consumer needs and made efforts to engage them in treatment and services. Providers in TS, instead, focused on gaining access to housing and were limited by the lack of fit between system expectations and consumer behaviour (Henwood *et al.*, 2013). Moreover, goals and principles of providers are different across HF and TS (Gaboardi *et al.*, 2019). This different way of working may have different effects on the providers' work experience. Having tools to analyse the organisational characteristics of the services can help in comparing the two working models with people experiencing homelessness and could further our understanding of effectiveness of both HF and TS.

Overall, the tool aims to contribute to the evaluation of homeless services, measuring providers' perspectives about their organisations. In particular, SE-PRO Q aims to identify strengths and weaknesses of organisations. Moreover, this tool can contribute to: a) analyse providers' perspective about their organisations; b) investigate the association between services' characteristics and providers' well-being (i.e. burnout and work engagement) or clients' outcomes; c) compare working models with people experiencing homelessness (e.g. HF vs. TS).

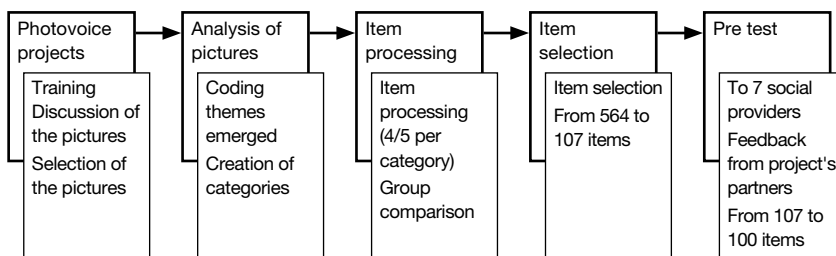
Method

Study design

The Providers' Study used both quantitative and qualitative methods, in a process with two main steps. The first step consisted of qualitative analysis of Photovoice projects in eight European countries of the HOME-EU project (France, Ireland, Italy, the Netherlands, Poland, Portugal, Spain, and Sweden) in order to explore which factors affect providers' work in homeless services, both HF and TS services (Gaboardi *et al.*, forthcoming). Subsequently, we used qualitative data for the development of a quantitative tool for organisational analysis.

To pursue the goal of developing the questionnaire based on providers' perspectives, the academic team defined a qualitative and collaborative research procedure, composed of different phases (Sacchetto *et al.*, 2016), as showed in Figure 1:

Figure 1: Process from photovoice projects to SE-PRO Q



- a) data collection, through Photovoice projects, about factors affecting providers' work with people experiencing homelessness;
- b) data analysis of pictures and captions;
- c) item and rating scale development by an academic team composed of five researchers in community psychology;

- d) review and selection of the items;
- e) examination of face validity with a pre-test involving seven providers volunteers;
- f) cross-national translations and materials cultural adaptation;
- g) data collection and analysis of the psychometric properties; and
- h) final version of SE-PRO Q.

The creation process followed these steps between January and September 2018. This research has been carried out thanks to the collaboration with the Consortium partners (i.e. researchers and leaders of HOME-EU project's partners). The European Ethics Committee and the Ethics Committee of each University/Research partner of the Consortium partners approved the research.

Procedure

First phase: data collection

The aim of the first phase was to gather information about factors affecting providers' work with people experiencing homelessness in HF and TS services through Photovoice. Photovoice is a method of community-based participatory research that captures aspects of a context, in this case homeless services, from the perspective of people involved. We decided to use this methodology based on the idea that nobody knows a context as well as those who work in it (Wang *et al.*, 2000).

Data were collected during May-June 2017 through 17 Photovoice projects (HF=8; TS=9) involving 81 social providers in eight European Countries (France, Ireland, Italy, The Netherlands, Poland, Portugal, Spain, and Sweden) of HOME-EU project (Gaboardi *et al.*, forthcoming). The Photovoice projects were conducted with groups composed of a minimum of four providers, both in HF and in TS services. The criteria for providers' participation were: working with adult people experiencing homelessness and having at least three months of working experience in the service. After signing consent forms (adapted on the basis of the laws of their country) participants completed a brief questionnaire covering demographic information. Most participants identified as female (60.5%) and the mean age was 39.4 (from 24 to 68 years old).

The Photovoice projects were organised in four weekly or biweekly sessions, each lasting about 2 hours. During the first meeting, facilitators (different for each country, i.e. Consortium partners) discussed the Photovoice process with the participants, underlying issues around power, and ethics. They trained participants in the use of telephone' cameras (basic techniques e.g. lighting and perspective).

In the second step, participants were instructed to take pictures that responded to the main question: *What are the factors that facilitate or hinder your work?* During the third step, each participant selected three/five representative photographs and the facilitators conducted a group discussion around what emerged from the photographs. Finally, the themes discussed were summarised in a report shared and reviewed with participants.


Second phase: data analysis of pictures and captions

We used a participatory data analysis in which the themes (related to the photographs) were discussed and selected together with the participants, following the model of Powers *et al.* (2012). Researchers of each country translated reports and picture captions into English for cross-national analysis. Overall, 195 pictures (HF=97, TS= 98) were included in the reports. All the themes contained in the reports were summarised in 17 macro-themes on three nested levels according to an ecological perspective (Bronfenbrenner, 1977): systemic, organisational, individual (Gaboardi *et al.*, forthcoming). The summary of the themes was conducted by three Italian independent researchers and shared with all Consortium partners, discussing the discrepancies until they reached agreement (Padgett, 2011). The results showed factors influencing providers' work at three levels: systemic (e.g., institutional arrangement, citizens' attitude); organisational (e.g., support among colleagues, shared vision); and individual (e.g., clients' problems, balancing the relationships with clients).

Third phase: item and scale development

The qualitative analysis of pictures and captions from the cross-national Photovoice projects guided the development of the questionnaire, named SService PROviders' Questionnaire – SE-PRO Q. The domains included have been developed based on the factors influencing the work with people experiencing homelessness identified by service providers in the Photovoice projects (Gaboardi *et al.*, forthcoming). Five independent researchers of the Italian team conducted the item generation. Each researcher has worked out 4/5 items for each category generated in Photovoice projects. Items were created based on the pictures' captions analysed, trying to use the participants' words, as shown in Figure 2.

Figure 2: Examples of item processing

Picture	Caption	Items examples
	<p><i>"A safe and trusted team. We can share everything with each other, we are always there for each other"</i></p>	<p><i>Team members' relationships are based on trust</i></p> <p><i>Team members encourage one another</i></p>

A total of 564 items were created.

Fourth phase: review and selection of the items

Each researcher reviewed the items based on different criteria: syntactic form, use of specific terms related to homeless services (e. g. services/program, clients/users), elimination of duplicate sentences. Then, seven group discussions among researchers took place in order to select items based on specific criteria: overlapping content, the balance of item number in each thematic category. Finally, the researchers debated about the options for rating scales and decided to choose a 6-point Likert scale of agreement (1 = completely disagree and 6 = completely agree) including also the option "I don't know" (for the possible non-applicability of the items to the country, service, or participant's role). A short legend about specific terms used in the items was also added (i.e. service: where you work the majority of your time each week; team/professionals: your working group or colleagues at the service; users: the individuals the service aims to assist). The first version of the SE-PRO Q was created with 107 items divided into 11 dimensions (some Photovoice categories were merged during the item development process).

Fifth phase: pre-test

The first version of SE-PRO Q was tested with a group of seven Italian service providers who volunteered for the task. Providers were invited to share with the researchers their opinion about the measure, i.e. whether the items were comprehensible, and the wording used. Meanwhile, the first version of SE-PRO Q was translated into English and it was shared with other Consortium partners in order to have feedback about comprehensibility and applicability to their contexts. Overall, seven items were deleted due to non-pertinence to other countries and/or no clarity.

Sixth phase: cross-national translations

The SE-PRO Q 100 was translated into HOME-EU Consortium partners' languages (Dutch, English, French, Polish, Portuguese, Spanish, and Swedish) by researchers of each country involved in the research. To reduce translation problems all partners used standardized *translation-back translation* procedures (Beaton *et al.*, 2000) any doubts regarding the translation that emerged were discussed and resolved among the Consortium partners.

Seventh phase: data collection and analysis of the psychometric properties

From July to September 2018 the SE-PRO Q 100 was digitalized in eight different languages and uploaded on an online platform managed by the Italian team. It was possible to fill in the questionnaire through computers, tablets, and smartphones, only in its online version. A link to the 'questionnaire for identifying different profiles of organisations working with homeless people' was sent to all HOME-EU Consortium partners in order to reach a sample of providers in each country. Three criteria were used to select the sample: organisations working with marginalised people (e.g. people experiencing homelessness, asylum seekers and political refugees, persons with disabilities, unaccompanied foreign minors, women victims of violence), geographically dispersed in the Country, and social providers having a work experience of at least six months in the organisations. We involved also providers working with other target groups in order to: have a larger sample of providers for psychometric analyses of the instrument; analyse the discriminant validity of the instrument (through testing whether organizational characteristics vary by target).

All the questionnaires were gathered together into a single database managed by the Italian team. The online administration of the SE-PRO Q 100 in each country was conducted from September 2018 to February 2019. Overall, 770 providers were involved in eight countries: France 65 (11.4%), Ireland 37 (6.5%), Italy 159 (27.9%), The Netherlands 93 (16.3%), Poland 122 (21.4%), Portugal 46 (8.1%), Spain 34 (6.0%), and Sweden 13 (2.3%). The questionnaire is being subjected to an analysis of its validity and psychometric characteristics (analysis in progress).

Eighth phase: the SE-PRO Q

The first official version of the SE-PRO Q resulted in 100 items divided into 11 dimensions, as shown in Table 1.

Table 1: Dimensions of SE-PRO Q 100 and examples of items

Dimensions	Definition	N.	Example of items generation
Institutional arrangements	Having a link with policies to influence policy decisions and to have adequate funding	5	<i>There are explicit national policies (laws) that support the service.</i>
Relationship with other services in the community	Working in synergy with community services to help clients	6	<i>Relations between this service and other local services (e.g., psychiatric services, drug addiction services, and local associations) are difficult.</i>
Structural factors: Geographic location Building's quality Tools	Working in a beautiful environment, easily accessible, and with working tools (Wi-Fi, computers)	3	<i>I waste too much time traveling between work locations.</i>
		6	<i>My team has access to a functional meeting room.</i>
		3	<i>Service's computer equipment is up to date.</i>
Relationships among the team: Support Cohesion Trust	Working in a cohesive team, with relationships based on trust and support, and with a good communication among colleagues	3	<i>Team members counsel one another.</i>
		3	<i>Professionals at the service share a sense of team spirit.</i>
		2	<i>Team members' relationships are based on trust.</i>
Vision and principles	Sharing vision and principles of the organisation	4	<i>Team members use a shared set of principles when making decisions.</i>
Professional roles: Clarity Autonomy Flexibility Reward	Professional roles must be clearly defined but with flexibility and autonomy (e.g. working hours, scheduling, breaks, etc.), and rewarded by colleagues and the leader	4	<i>Staff members' roles are clearly defined.</i>
		4	<i>Professionals working at the service plan their work independently.</i>
		3	<i>It is possible to change job positions.</i>
		6	<i>Team members feel appreciated by other colleagues.</i>
Leadership	Having a person who you trust and who is a good leader for the providers	6	<i>The coordinator supports the team by providing good practical advice.</i>
Workload	Having a manageable workload that does not affect the providers' free time	5	<i>The heavy professional workload often requires team members to work outside of their schedules.</i>
Work Organisation: Activities Organisational justice	Having clear and shared rules and well organised activities	15	<i>Team members have the opportunity to hold regular meetings.</i>
		6	<i>The service's rules are contradictory.</i>
Clients: Clients' characteristics Involvement of the clients	Not having difficulty working with clients with problems, feeling protected and being able to balance the relationship with the users	7	<i>It is difficult to work with users with painful histories.</i>
		4	<i>Users' opinions of the service are taken into consideration before implementing new initiatives.</i>
Balancing private/work	Working in a well-organised context that allows you to have free time	5	<i>Work encroaches on team members' free time.</i>

The dimensions obtained in the SE-PRO Q 100 are related to different levels. At the context level, the categories are: institutional arrangements, and the relationship with other services in the community (e.g. psychiatric services, drug addiction services, and local associations). At the organisational level, the categories are:

structural factors (i.e. geographic location, building's quality and having working tools and equipment), relationships among the team, sharing organisation's vision and principles, having clear and autonomy professional roles (and the role of the leader), organisational justice and the workload. Finally, at the individual level: the difficulty working with people having complex needs (e.g. housing, physical and psychological needs, etc.), the need of balancing the relationship with the clients and providers' private/work life. These dimensions represent the main factors affecting providers' work in homeless services generated in Photovoice projects (Gaboardi *et al.*, forthcoming).

For each dimension investigated, the total score is obtained by adding the individual raw scores derived from the items composing the dimension. Then, to obtain a synthetic index of the organisation, for each dimension we average the scores of all providers of the same organisation.

The score of the investigated dimensions can be seen as an indicator of organisational characteristics because it reflects the professionals' perspectives about organisational features affecting their work. Based on Moos' theories (e.g. Moos and Igra, 1980), the social environment of organisations was studied as a result of the scale scores administered to employees and analysed in an aggregate manner. Therefore, the results obtained through this measure may orient the service organisation, pointing out the strengths and weaknesses of the service. High scores in the SE-PRO Q dimensions show a good functioning of the organisation. Conversely, lower scores indicate that those aspects should be improved.

Discussion

The article reports on the development of the Service Provider Questionnaire that aims to identify strengths and weaknesses of organisations working with people experiencing homelessness, with the potential to compare services, working models (e.g. HF and TS) and providers' perspective.

The questionnaire consists of 100 items ordered by 11 dimensions and measured on a 6-point Likert scale, which represents the structure that will be tested in future studies through quantitative methods. Items were developed from the Photovoice data about factors affecting providers' work with people experiencing homelessness. In this sense, the experiences of providers helped to define the questionnaire's dimensions. A final open-ended question was added to give providers the opportunity to express their own perspective.

The SE-PRO Q aims to contribute to the organisation analysis of services for people experiencing homelessness, measuring how providers perceive services' characteristics of organisation where they work. High scores in the investigated dimensions can be seen as an organisational outcome as well as an individual result, because it reflects the providers' perspective about their organisation but also the general perspective of the organisation's employees. Therefore, the results obtained through the SE-PRO Q measure may orient the leaders, pointing out the strengths and weaknesses of the service, namely in which domains of organisation more support should be provided or which should be changed or improved.

The study presents three main innovative elements. First, the measure is developed starting from the providers' perspective about factors affecting their work (Gaboardi *et al.*, forthcoming). The participants were chosen because of their personal experience as important sources of information (Sacchetto *et al.*, 2016). Participants are much more familiar than researchers on the challenges of working in homeless services. The pre-test and the constant comparison with Consortium partners confirmed the adequacy of the wording used, and the relevance of the issues addressed. Second, this study represents one of the few experiences of using qualitative methods in cross-national research in a European context (Quilgars *et al.*, 2009). Working in collaboration with the HOME-EU project had different challenges: the collaboration between the multi-languages team (eight different languages) with different backgrounds and professional skills; the presence of countries with different socio-political contexts and welfare systems. The Photovoice method represented a useful method to reach participants' perspectives through a universal language (photography). Photography is an immediate and universal method of communicating concepts that are difficult to explain, especially if in another language. Photovoice is a method useful to promote critical dialogue through group discussion about participants' photos and to reach policymakers and the citizens about important issues such as homelessness (Wang, 2000), in line with HOME-EU's aims. Third, as suggested by the research, we used a mixed-method approach to create a quantitative measurement with qualitative data (Beidas *et al.*, 2014; Sacchetto *et al.*, 2016). This makes the instrument reliable because it reflects the perspective of the instrument's target (i.e. social providers). In fact the dimensions are the result of a participatory data analysis (see Second phase of the procedure section). This was an innovative element but involved several challenges. For example, the difficulty to process items while keeping the sentences mentioned by the participants. For this reason, several researchers have elaborated the items and then have discussed together as a group until an agreement was reached. Then, the difficulty of keeping all the dimensions created in Photovoice projects in one questionnaire. The questionnaire created, in fact, has many items that will be reduced in the validation study. Finally, not all dimensions

of the tool were discussed in all the Photovoice projects. This may indicate that some dimensions are not applicable in all contexts. For this reason we have inserted the answer “don’t know” to identify any items that are not applicable in every context in which the research was conducted. If the same item will receive several “don’t know” responses, it may indicate that it is not applicable in one context (e.g. a country) or in a particular service. The validated tool will contain the items applicable in multiple contexts, making it a cross-national tool.

Nevertheless, the study has some limitations that need to be recognised. The translation of key findings into English for cross-national analysis represents a potential limitation. In order to reduce translation problems all partners used standardized *translation-back translation* procedures (Beaton *et al.*, 2000) and repeatedly discussed several issues related to the translation procedures. Moreover, researchers conducting the Photovoice projects were different for each country and individual researchers may have influenced the group with their personal style. To reduce this bias the Italian research team developed a detailed protocol about planning (aims, recruitment, setting, the role of the moderators and assistant, ethics), discussions/Photovoice method (introduction, questions, conclusion, briefing), and content analysis. Moreover, the research protocol for analysis used several strategies to reduce potential bias and to enhance the trustworthiness of the interpretation (Padgett, 2011) including having two independent coders in each country, prolonged engagement with participants, and group discussions between the researchers involved in the research.

Finally, this tool has the potential to fill the lack of standardized measures for organizational analysis in homelessness services and represents a useful organisational diagnosis tool for services. Leaders and coordinators can use SE-PRO Q to capture the point of view of their professionals, and identify the strengths and weaknesses of the organisation. Future studies will analyse the psychometric properties of the instrument, such as reliability (e.g., factorial structure; test-retest) and validity (e.g., content and construct validity, discriminant validity). In future studies research, the tool should be administered to a representative sample of providers in each country to develop normative standards that enhance the diagnostic capabilities of the tool. Then, using standardized instruments, further research could analyse differences between nations taking into account variables at different levels: national (e.g. welfare system); local (e.g. size of a city); and organisational (e.g. type of working model) and analysing how these factors could influence providers’ and clients’ outcomes. This research represents an innovative process of quantitative tool development starting from exploratory research. This research has the potential to fill the literature gap in organisational analysis of services for people experiencing homelessness.

Horizon 2020 HOME_EU: Reversing Homelessness in Europe, GA/726997, José Ornelas (Principal Investigator)

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