Short Research Report

MAKING CHOICES: INCREASED CHOICE OPPORTUNITIES ARE LINKED WITH BETTER-PERCEIVED HEALTH AMONG PEOPLE EXPERIENCING HOMELESSNESS

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The aim of this study is to evaluate whether the level of perceived choice and the frequency of use of services is associated with the perceived health of people experiencing homelessness (PEH), accounting for the possible mediating role of resignation. A convenience sample was recruited by homeless services in the Municipality of a major Italian city. Data were collected with self-reported questionnaires from 43 people living on the street or shelters (self-identified as male = 83.7%; mean age = 52.7; SD = 12.2). Perceived choice and use of services were inserted as independent variables, resignation as the mediator, and perceived health as the outcome. A path analysis tested the hypothesized model, and the mediation was tested through the bootstrapping method. A higher level of perceived choice was associated with a lower sense of resignation that, in turn, was associated with better perceived general health. The frequency of service use was not significantly related to resignation. Choice is associated with increased control and autonomy and a reduced sense of resignation. Thus, transition is desirable on a service-level to person-centered, choice-oriented approaches.

***Keywords**: homelessness; choice; health; resignation; homeless services, social determinants of health*

1. Introduction

People experiencing homelessness (PEH) face worse physical and psychosocial health problems than the general population, resulting in a higher mortality rate and a shorter life expectancy (Funk et al., 2022). Such a damaging prospect is linked to a lack of a series of fundamentals to be integrated, such as income, social relationships, and housing, leading to exclusion from society (Shinn, 2010).

In this process of social exclusion, people may experience powerlessness, stigma, alienation, and hopelessness. Considering the importance of social integration for their well-being (La Motte-Kerr et al., 2022), it is crucial to provide services to help people move out of homelessness by working on their capabilities and competencies, thus restoring their dignity, self-esteem, and power (Gaboardi et al., 2021). Indeed, in recent years homeless services promoting empowerment, autonomy, and adopting person-centered approaches increased considerably

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(O'Shaughnessy & Greenwood, 2020). These choice-driven models of service delivery are characterized by a recovery-oriented model prioritizing empowerment and self-determination, considering individuals' needs and resources, and working to increase the person's possibility to make independent life choices (Tsemberis et al., 2004). Traditional services (e.g., shelters and soup kitchens) do not explicitly incorporate this choice-driven approach. Choice regarding what to eat, when to eat, and how to spend time are sometimes constrained by service schedules and availability. However, they can vary on the degree to which specific aspects of the service are developed in collaboration with the users. Homeless services are increasingly shifting towards housing programs where the beneficiaries can manage their own time according to their needs and desires. Several studies have shown the positive effect of having the opportunity and support to make informed choices and decisions about their future and recovery pathways on PEH's well-being. For example, perceived choice in aspects of one's housing within the housing program (e.g., the place they live in, the people they live with, and how their home is decorated and furnished) affects self-reported physical health, substance use, and community integration (Manning & Greenwood, 2019) and is further associated with decreased psychiatric symptoms (Curiale et al., 2020; Greenwood et al., 2005). Besides increasing one's sense of control over one's life, having a voice on aspects of the service central to beneficiaries' well-being conveys an idea of competence to the individual. This implies that they can contribute to taking care of their health. Nevertheless, many mainstream services primarily aim to support PEH's basic needs, mental health, and professional and educational growth, without explicitly incorporating individuals' choice as a guiding principle. However, existing services vary in the degree to which they involve users in the development of the interventions. Although this principle is more likely to be effective when integrated into a consistent organizational culture and mission (e.g., focusing on recovery and users' resources), it also has great potential for improving individuals' well-being in services that do not explicitly adopt a choice-driven approach.

In addition, the more PEH are supported by various services that help them meet different needs (regardless of whether they are choice-driven or not), the more likely it is that these services will also contribute to counteracting feelings of unworthiness, helplessness, alienation, and depression (Williams, 2009). Indeed, more frequent use of welfare services, such as food assistance services and psychological support, might help promote their resources and reduce feelings of alienation and unworthiness. Nonetheless, the processes underlying these effects are not completely understood. Few studies analyzed some mediating mechanisms, showing that personal mastery (i.e., the perception of control over one's life) mediates the relationship between perceived choice and psychological health (Greenwood & Manning, 2017; Manning & Greenwood, 2019).

Among the most significant impacts of social exclusion, especially when prolonged over time, the resignation stage was theorized by theoretical models (Williams, 2009) and then supported by empirical evidence (Marinucci et al., 2022; Riva et al., 2017). According to the Temporal Need-Threat Model (Williams, 2009), chronic social exclusion leads the individual toward a state characterized by unworthiness, helplessness, alienation, and depression. The four central dimensions of psychological resignation can threaten the underlying needs of PEH (including sense of belonging, self-esteem, and the need for a purposeful life), by draining the necessary resources to address them (Williams, 2009). A pervasive sense of alienation and low self-worth

may negatively influence health, facilitate the adoption of risky behaviors, and foster the perception that one's health is irreversibly compromised. These factors can hinder individuals from engaging in optimal self-care (across various domains such as diet, physical and mental health), thus compromising the recovery process and the person's health (Paudyal et al., 2020). Conversely, the opportunity to make choices might reduce the sense of psychological resignation that typically characterizes experiences of chronic social exclusion, and that can compromise the recovery process and the person's health. Although the risk of developing a sense of resignation is very high in the homeless population (Marinucci et al., 2023), due to the condition of persistent poverty, marginalization, and capabilities deprivation (Batterhan, 2019), no studies have considered its potential role in the association between perceived choice, homeless services use, and health.

The purpose of this study is to evaluate the association between perceived choice and service use, on the one hand, and PEH's health, on the other hand, taking into account the mediating role of resignation. We expect higher perceived choice about different aspects of their life and more frequent use of services improve PEH's health by reducing their feelings of resignation.

2. Method

2.1 Procedure and participants

This study considered a subsample from a larger research project focusing on homelessness. A convenience sample of 43 PEH was recruited voluntarily by contacting homeless services in the Municipality of Milan: night shelters, daycare centers, and street outreach services for basic needs. Participants included in the final sample came from traditional services. Most participants identified as male (36; 83.7%) with a mean age of 52.7 years old (SD = 12.2; age range: 25-79); 25.6% were sleeping on the street, 60.5% in a shelter, and 14% in an apartment. On average, people spent 55.7 months homeless (SD = 49.1; range: 1-180). Data were collected using a self-reported questionnaire including:

Perceived choice. Participants were asked to indicate their perceived level of choice regarding aspects of where they were living (place and people to live with, visits, daily activities, interactions with providers, services, going out, eating). This 10-item scale modified from Srebnik et al. (1995) asked participants to indicate their amount of choice on a 5-point Likert scale (from 1= "no choice at all" to 5= "completely my choice"). An average score for each participant was calculated. Internal consistency for the sample of this study was high (Cronbach's $\alpha = .92$).

Use of services. Participants indicated how often they used 12 types of welfare services in the previous six months (e.g., public shelters, psychological support, food assistance services). These are the most popular homeless services in Italy (Pleace et al., 2018).

Resignation. As in previous literature (e.g., Riva et al., 2017; Marinucci & Riva, 2021), an overall index of resignation was computed as a composite score (12 items; Marinucci & Riva, 2021; $\alpha = 0.90$) of a series of items from previously validated scales measuring the four associated outcomes of resignation: depression (three items; e.g., "In the last three months, I felt down-hearted and blue"), alienation (three items; e.g., "In the last three months, I felt distant from

others"), helplessness (three items; e.g., "In the last three months, I thought that my future was hopeless and could only get worse"), and unworthiness (three items; e.g., "In the last three months, I was satisfied with myself").

Perceived health. An overall score of general self-perceived health was measured by the last four items of the *Italian SF-36 Health Survey* (Apolone, & Mosconi, 1998, *e.g.,* "I am as healthy as anybody I know"). Items are scored on a 5-point Likert scale (1 = "definitely true", 5 = "definitely false") (Cronbach's α = .61).

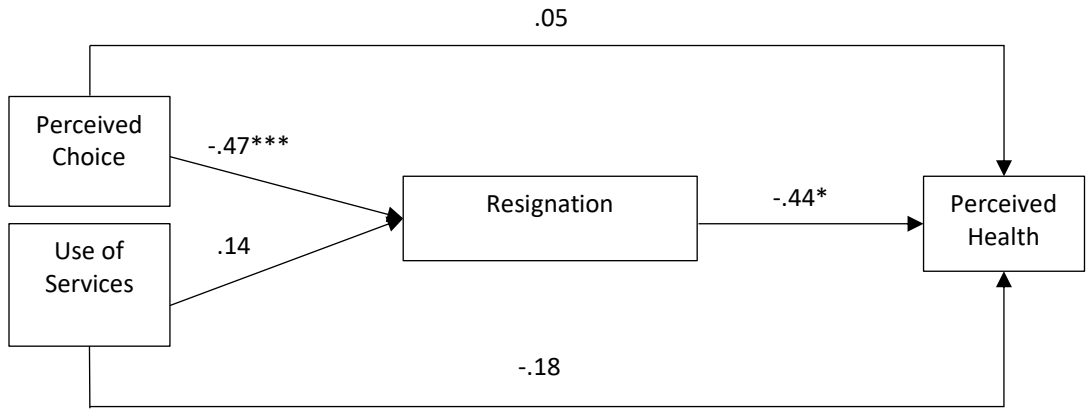
The research was approved by the Ethics Committee of the University of Milano-Bicocca (approval code: 0085529/21).

2.2. Data analysis

A path analysis tested the hypothesized model (Figure 1) using the Lavaan package (Rosseel, 2012) of R software. The mediation bootstrapping method (Preacher & Hayes, 2004) was used to test the mediation. The R^2 of each endogenous variable and the total coefficient of determination (TCD; Jöreskog & Sörbom, 1996) were considered indices of the goodness of fit of the model. Perceived choice and the use of services were inserted as independent variables, resignation as the mediator, and health as the outcome. Age, gender, and time spent homeless were inserted as control variables.

3. Results

Results of the path analyses are presented in Figure 1.



Indirect effect of choice on health through resignation: β = .21; p = .025* (95% CI= .07, .38)
Indirect effect of use of service on health through resignation: β = -.06; p = .323 (95% CI= -.24, .08)

Figure 1. Path analysis model, N= 43; Control variables: age, gender, and time spent homeless; *p < .05, **p < .01, ***p < .001

A higher level of choice perceived by PEH was associated with lower levels of resignation; conversely, the frequency of service use was not significantly related to resignation. The feeling of resignation, in turn, was negatively associated with self-reported health: lower levels of resignation corresponded to higher PEH's perceived health.

Results of the mediation bootstrapping method showed a positive and significant indirect relationship between choice and health, supporting the mediating role of resignation ($\beta = .21$, $SE = .093$, $z = 2.040$, $p = .025$).

The model accounts for 28% of the variance in resignation and 31% in self-reported health. The TCD was .34, thus suggesting a good fit of the model to the observed data.

4. Discussion and implications

The research evaluated the association between perceived choice and service use and PEH's health, considering the mediating role of resignation. Results showed that higher levels of perceived choice were associated with better PEH's health through the mediation of feelings of resignation. Instead, no association was found between the frequency of services' use and PEH's resignation and health.

Our results partially confirm previous evidence emphasizing the benefits of a choice-oriented approach: the greater the level of choice perceived by PEH, the better their experienced health. Recent studies showed that the level of perceived choice could foster PEH's recovery process in terms of increased physical and psychiatric health, community integration, and decreased drug use (Curiale et al., 2020; Greenwood et al., 2005; Manning & Greenwood, 2019).

The feeling of resignation had a mediating role in this relationship, contributing to understanding the mechanisms underlying the association between perceived choice and health. PEH are more likely to face high levels of resignation, characterized by feelings of alienation, depression, unworthiness, and helplessness (Marinucci & Riva, 2021). Our findings showed that when PEH feel that they have a choice over some aspects of the place they live in (such as roommates, visitors, and time use), they report a lower sense of resignation; a lower sense of resignation and alienation, along with a stronger feeling of self-worth, may decrease risk-taking behaviors and improve a person's sense of purpose and the ability to take care of themselves, their lives and their own health (Paudyal et al., 2020). It is thus reasonable to posit that reduced resignation may, in turn, be associated with better perceived health (Manning & Greenwood, 2019). Contrary to our expectations, the frequency of service use was not related to PEH's resignation or their self-reported health. This result might indicate that what is relevant for PEH's health and well-being is not the number of services they use but specific services' characteristics. According to our findings, using different homeless services (e.g., public shelters and psychological support) does not seem enough to contrast the sense of resignation characterizing PEH. The possibility to make choices over important aspects of life emerged as the key factor in reducing the feeling of resignation, thus playing a role in improving PEH's perceived health.

Some limitations of the study need to be underlined. First, the reduced sample size limits the generalizability of results. As this is a correlational study with a small sample size, it is important to replicate the model with larger and more powerful samples in future studies, in order to

improve the generalizability of the results. Secondly, the self-reported measures adopted in the study might be subjected to social desirability bias. Thirdly, the cross-sectional nature of the data hampers the possibility of drawing causal conclusions about the association between perceived choice, resignation, and health. For instance, it is possible that people with better perceived health feel more in control of their lives and also report lower levels of resignation. It is important to underline that the measure used to assess perceived health exhibited an acceptable but not optimal level of internal consistency ($\alpha = .61$). Moreover, perceived health in our sample may be influenced by other factors that are salient to PEH, including perceived social support, perceived vulnerability in discussing health and self-care issues with healthcare professionals, and health literacy (Paudyal et al., 2020).

Our findings suggest that increasing the opportunities to make choices over important aspects of PEH's lives could decrease their feelings of alienation, depression, unworthiness, and helplessness; for this reason, the opportunity for service users to have a say in certain aspects of the services should be promoted across homeless services and programs. Indeed, the opportunity to have a choice about different aspects of their life might contrast the capabilities deprivation and the consequent sense of resignation (Batterham, 2019) characterizing PEH. At the same time, the perception of choice can promote a sense of control over one's own life (Curiale et al., 2020; Greenwood et al., 2005) together with an increased level of autonomy (Tsemberis et al., 2004), supporting the need for a transition to person-centered and choice-oriented services for PEH (Greenwood et al., 2022).

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