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Influence of street outreach work on the lives of marginalised people

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

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ABSTRACT

This study aims to examine whether social street work (SSW), in the first eight months of contact, managed to link clients to services, influenced their self-mastery and stress, considering the working relationship and provided practical support, given clients' characteristics and SSW metrics. At three-time points, in an eight-month period, questionnaires were filled in ($n = 276$). Linear mixed model analyses were performed. SSW linked 70% of clients to services. At all three-time points, clients perceived moderate levels of self-mastery and stress. The working relationship was not longitudinally associated with self-mastery or with stress. A small significant positive longitudinal association was found for practical support and stress; a small significant negative longitudinal association was found for practical support and self-mastery. In the first eight months of contact, SSW succeeds in linking most clients to services but does not influence clients' self-mastery and stress. In this period, workers are able to establish a working relationship with clients and provide practical support, being essential conditions to solve the complex issues in the lives of their clients who frequently avoided the confrontation with their problems for years.

Samenvatting

Wij onderzochten in hoeverre het straathoekwerkers lukt om hun cliënten toe te leiden naar voorzieningen, of er samenhang was tussen de werkrelatie en geboden praktische steun en de ervaren controle van cliënten en de stress die zij ervaarden in de eerste acht maanden van hun contact met het straathoekwerk. Binnen 14 maanden is drie keer

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een vragenlijsten ingevuld (n=276). Om de longitudinale samenhang vast te stellen voerden we een lineair mixed model analyse uit. Van de 276 cliënten die tussen de 0—3 maanden contact hadden met het straathoekwerk, gaf 70% bij alle drie de metingen aan toegeleid te zijn naar een of meerdere voorzieningen voor passende ondersteuning. Cliënten rapporteerden in de 14 maanden een positieve werkrelatie met de straathoekwerker. Cliënten ontvingen soms praktische steun van de straathoekwerker. Er was geen samenhang tussen de werkrelatie en de ervaren controle en de ervaren stress van cliënten. Bij de praktische steun waren die associaties er wel. Zo ervoeren cliënten die minder praktische steun ontvingen, meer controle. Cliënten die meer praktische steun ontvingen, ervaarden meer stress. Resultaten laten zien dat het mogelijk is om mensen in een gemarginaliseerde situatie toe te leiden naar voorzieningen en een positieve werkrelatie op te bouwen.

Introduction

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

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

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

Furthermore, marginalised people commonly experience high levels of stress, due to being homeless, the multitude and complexity of their problems and the daily hazards they are confronted with (Mikkonen et al., 2007; Rauwerdink-Nijland & Metz, 2022). These high levels of stress negatively influence the capabilities of people to adequately think, decide, act and behave (Doom et al, 2014; Jungmann & Madern, 2020; van der Werf, 2017), which affects their ability to reconnect with society. Workers therefore try to reduce the levels of stress of marginalised people by helping them to manage their problems (Andersson, 2013; Rauwerdink-Nijland & Metz, 2022).

Finally, marginalised people need professional support to solve their multiple, complex and strongly intertwined problems (Kruiter & Klokman, 2016). Most services are difficult to access for them, as the systems are too complex to navigate and find the proper support independently

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

Social street work

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

This contact is referred to as the working relationship: an active collaboration between a worker and a client, in which they develop trust in each other and bond together (Bordin, 1979, 1994; Fyfe et al., 2018). Research has shown that a good working relationship increases the possibilities of better outcomes of interventions (Chen & Ogden, 2012; Davidson & Chan, 2014; de Greef et al, 2018). This working relationship is essential in realising support to people in marginalised situations, yet this required working relationship is often difficult to achieve as people in the margins of society often distrust social professionals (Bogo, 2006; Lee et al., 2018; Redko et al., 2006) because of prior negative experiences (Andersson, 2013; Reynaert et al., 2021). In addition to establishing the working relationship, providing practical support is important, because it helps clients to get access to basic necessities in life, navigate the complex social support system (Reynaert et al., 2021; van der Lans et al., 2003) and enhance their skills (Rauwerdink-Nijland & Metz, 2022; Wolf, 2016). Workers offer practical support by, for example, helping clients to find the right information about available services, to gain access to housing and care and to practise difficult situations, like making telephone calls with creditors or accompanying them to appointments with services.

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

Methods

Study design and setting

A longitudinal study was carried out among clients who were in touch with workers of a Dutch SSW-organisation covering the North-West of the Netherlands, located in seven municipalities

(Amsterdam, Haarlem, Velsen, Velsenbroek, Hillegom, Heemstede and Woerden). In this study, 276 participants filled in three questionnaires, with intervals of four months. The baseline measurement was between September 2017 and December 2017, the first follow-up between January 2018 and April 2018 and the second follow-up between May 2018 and September 2018.

This study was conducted by Research Group Youth Spot (Amsterdam University of Applied Sciences). The Medical Review Ethics Committee region Arnhem-Nijmegen declared that the study was exempt from formal review because the study did not fall within the remit of Medical Research Involving Human Subjects (registration number 2018/4450).

Participants

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

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

Procedures

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

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

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

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

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

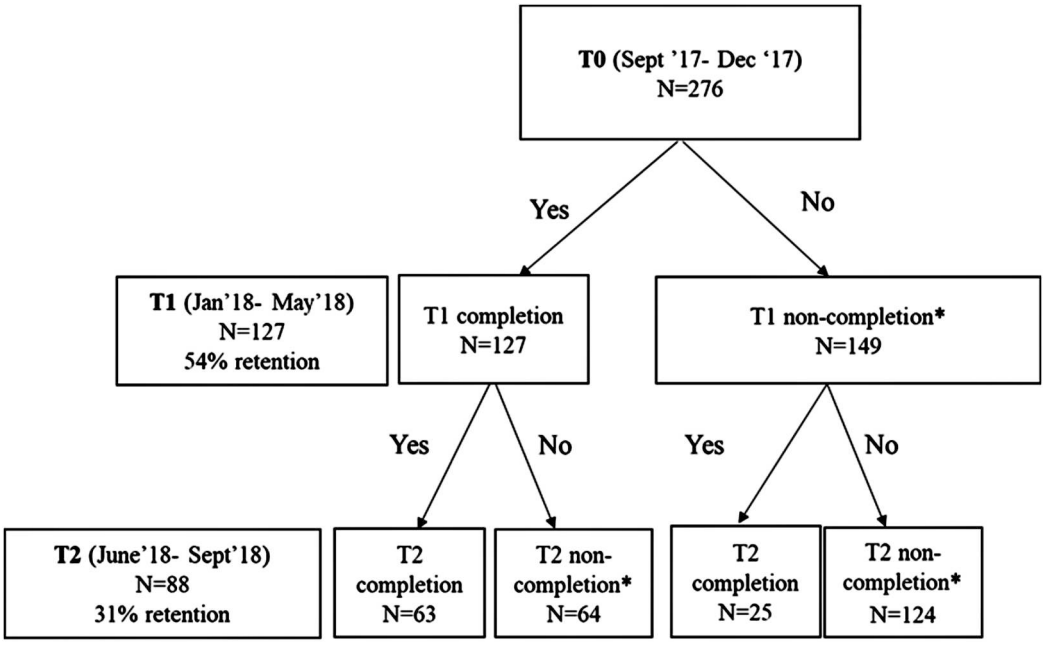

Figure 1. *Participant flowchart in study*. *Table 1 for registered reasons for non-completion.

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

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

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

Measures

Primary outcome measures

Linking to services

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

Perceived self-mastery

The Dutch version (Kempen, 1992) of the Pearlin Mastery Scale (PM) was adapted to measure the extent into which clients perceive control over their lives (Pearlin & Schooler, 1978). This scale

was measured at all three-time points on a five-point Likert-scale ranging from 'strongly disagree' to 'strongly agree'. Higher scores indicated more perceived self-mastery (further identified as self-mastery). Items were for example 'I often feel helpless in dealing with the problems of life' and 'What happens to me in the future mostly depends on me' (all items in supplementary materials). One item ('Sometimes I feel that I'm being pushed around in life') from the Dutch version (van Kempen, 1992) was excluded as this item was indicated as vague and was often misinterpreted (Heggestad et al., 2019). Therefore, self-mastery was measured with 6 items.

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

Perceived stress

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

Intermediate variables

Working relationship

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

Practical support

Practical support was assessed at all three-time points with 3 items, based on relevant literature (Andersson, 2013). Items were measured on a five-point Likert-scale ranging from 'never' to 'very often': 'The worker assisted me in finding the information that I needed', 'The worker arranged things for me like an appointment or financial support' and 'The worker accompanied me towards an appointment'. Higher scores indicate more practical support. For practical support, the factor analyses showed a valid scale at baseline (69% explained variance; $\alpha = .77$).

Characteristics of clients

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

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

Metrics of SSW

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

Data analyses

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

Differences in characteristics of completers and non-completers of the questionnaire were assessed with *t* tests (age) and chi-square tests (gender, educational level, cultural background, frequency of contact and phase of SSW). These differences were assessed on T0–T1 and T0–T2 to examine whether completers and non-completers were comparable with respect to their scores on these measures. Of 276 respondents included, 63 (23%) completed all three questionnaires. Regarding differences between completers of T0 and non-completers of T1, completers more often reported a bicultural Dutch or non-Dutch background (x^2 16.1, $p < .001$). There were no other differences between completers of T0 and non-completers of T2 (supplementary materials).

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

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

Results

Characteristics of clients

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

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

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

Linking to services, self-mastery and stress

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

Working relationship and practical support

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

Metrics of SSW

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

Longitudinal associations for self-mastery

Results showed that the working relationship was not longitudinally associated with self-mastery ($\beta = -0.02$, $p = .607$; Table 4). We did find that frequency of contact as a small significant effect

Table 3. Descriptives of outcome measures and elements of SSW.

	Outcome measures		
	T0 ($n = 276$) (n, %)	T1 ($n = 127$) (n, %)	T2 ($n = 88$) (n, %)
Linking to services			
Housing	35 (12.7)	15 (11.8)	7 (8.0)
Work	48 (17.4)	21 (16.5)	22 (25.0)
Education	4 (1.4)	4 (3.4)	1 (1.1)
Leisure activities	25 (9.1)	10 (7.9)	8 (9.1)
Buddy/peer contact	15 (5.4)	6 (4.7)	6 (6.8)
Specialised care services	16 (5.8)	20 (15.8)	2 (2.3)
Other	59 (29.7)	34 (26.8)	25 (28.4)
None	82 (29.7)	41 (32.3)	25 (28.4)
	T0 ($n = 276$) M (SD)	T1 ($n = 276$) M (SD)	T2 ($n = 276$) M (SD)
Self-mastery	3.24 (0.70)	3.16 (0.60)	3.21 (0.67)
Stress	2.90 (0.92)	2.81 (0.80)	2.83 (0.72)
Elements of SSW			
Working relationship	3.98 (0.87)	4.19 (0.71)	4.23 (0.67)
Practical support	3.00 (1.11)	3.18 (1.10)	3.18 (1.18)

modifier as a negative longitudinal association was found for the clients who were in contact with SSW monthly ($\beta = -0.30$, $p = 0.039$) (Table 5). This indicates that for this group a better working relationship was associated with a decrease in self-mastery.

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

Longitudinal associations for stress

No longitudinally associations for the working relationship with stress were found ($\beta = -0.045$, $p = .304$; Table 4). Additionally, we did not find significant effect modifiers (Table 5).

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

Discussion

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

Table 4. Results unadjusted and adjusted linear mixed models' analyses.

		Unadjusted analyses			Adjusted analyses[a]		
Outcome measure	Covariate measure	B[b]	p	95% CI	B	p	95% CI
Self-mastery	Working relationship	−.019	.607	−.09, .05	−.019	.607	−.09, .05
	Practical support	−.075	**.006*****	−.13, −.02	−.075	**.006*****	−.13, − .02
Stress	Working relationship	.030	.505	−.06, .12	−.045	.304	−.13, .04
	Practical support	.092	**.003*****	.03, .15	.092	**.003*****	.03, .15

[a]Adjusted for age, gender, frequency and phase of social street work.
[b]B = Unstandardized regression coefficient, reflect both the within-subject associations and the between-subject associations.
Bold values represent statistically significant results; *** $p \leq 001$.

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

		Gender			Age			Phase SSW			Frequency		
Outcome measure	Covariate measure		B[a]	95% CI		B	95% CI		B	95% CI		B	95% CI
Self-mastery	Working relationship	Males	Reference		28+	Reference		Regular support	Reference		>1 week	Reference	
		Females	.02	−.14, .17	23–27	−.15	−.56, .27	Public areas	.00	−.14, .15	Weekly	−.06	−.32, .19
					18–22	−.17	−.57, .22				Every 2 weeks	−.13	−.36, .09
					12–17	−.05	−.45, .35				Monthly	.17	−.08, .42
											<1 month	−.03	−.22, .15
	Practical support	Males	Reference		28+	Reference		Regular support	Reference		>1 week	Reference	
		Females	−.01	−.11, .10	23–27	−.05	−.25, .14	Public areas	−.04	−.15, .07	Weekly	−.06	−.22, .11
					18–22	−.11	−.29, .07				Every 2 weeks	−.09	−.25, .07
					12–17	−.08	−.27, .12				Monthly	−.06	−.24, .07
											< 1 month	−.04	−.19, .11
Stress	Working relationship	Males	Reference		28+	Reference		Regular support	Reference		>1 week	Reference	
		Females	.06	−.12, .25	23–27	−.22	−.69, .27	Public areas	−.03	−.20, .15	Weekly	.17	−.13, .46
					18–22	−.11	−.58, .36				Every 2 weeks	.17	−.09, .44
					12–17	−.06	−.52,. 41				Monthly	**−.30****	−.59, – .015
											>1 month	−.15	−.36, .07
	Practical support	Males	Reference		28+	Reference		Regular support	Reference		>1 week		we
		Females	.01	−.12, .14	23–27	−.13	−.36, .01	Public areas	.02	−.11, .15	Weekly	.15	−.47, .34
					18–22	−.16	−.37, .06				Every two weeks	.06	−.13, .25
					12–17	−.02	−.25, .20				Monthly	−.11	−.33, .10
											<1 month	.03	−.20, .15

[a]B = Unstandardized regression coefficient, reflect both the within-subject associations and the between-subject associations.
Bold values represent statistically significant results; $^{**}p \leq .01$.

This study showed that, in the first eight months of contact, workers successfully linked clients to services, built a working relationship with them and provided practical support. The working relationship did not influence clients' self-mastery or levels of stress. However, the provided practical support was longitudinally associated: clients who received less practical support from workers, perceived more self-mastery and clients who received more practical support, perceived more stress. The strength of all significant associations was small (Coe, 2000).

Linking to services

At all three measurements, approximately 70% of clients was effectively linked to services through SSW, mostly to work and to other services like legal advice. This linking function of SSW is very important, as these services are crucial for clients to combat challenges in life (Andersson, 2013; Mikkonen et al., 2007), yet often non accessible for clients by themselves (Reynaert et al., 2021; van der Lans et al., 2003).

Working relationship and practical support

Results showed that workers were able to establish a working relationship with clients and provide practical support at all three timepoints. By establishing this working relationship, workers realised an important condition in order to provide support to marginalised people (Kruiter & Klokman, 2016; Redko et al., 2006). For clients, the relationship with workers is often their only connection with society. Establishing this relationship is therefore an important first step in connecting these clients with society, as clients often feel locked out (Andersson, 2013) have negative experiences with social professionals and local governments (Dewaele et al., 2021; Hill & Laredo, 2019) and therefore often distrust professionals (Andersson, 2013; Bogo, 2006; Lee et al., 2018). The constant presence of SSW out on the streets, where they reach out to marginalised people and provide instant practical support, seems an effective way to support marginalised people. This support is extra important given the transformation towards the participation society, in which people are expected to hold their own, conceivably with support from their social network, and professional support is not easily accessible (den Draak & van der Ham, 2018; Tonkens & Duyvendak, 2018).

Longitudinal associations for self-mastery

Clients reported average scores for self-mastery at all measurements. The working relationship had no influence on self-mastery. Although results showed that – in the first eight months – clients already positively valued the working relationship with workers, clients may need more time to convert their perception of self-mastery (Bandura, 1997; Boomkens et al., 2019), as their belief in themselves is often very low. It could also be that due to prior negative experiences with social professionals (Andersson, 2013), clients need more than eight months to gain trust in workers, which is crucial in developing the working relationship (Bordin, 1979). Moreover, being able to trust on someone is crucial to increase self-mastery (Conger et al., 2009; Dunne et al., 2014; Zimmerman, 1995). Clients can often only trust in workers, as they frequently lack a supportive network (Rutenfrans-Stupar et al., 2019).

We also found that for clients who were in contact with SSW once per month, a better working relationship was associated with a decrease in self-mastery. This finding may illustrate that for these clients, a better working relationship with workers could be even more necessary and could indicate that even more time is needed, to make the working relationship beneficial for clients' self-mastery.

For practical support and self-mastery, less practical support was associated with an increase in self-mastery. It might be that clients who receive less practical support from SSW are more able to combat challenges in life themselves and may need less support. Also, it might be that these client's self-mastery benefits faster from the support that SSW offers as the nature of the provided

practical support consists of practising difficult situations with clients, like communicating by phone or searching for the proper information together. Consequently, over a period of eight months clients need less support from SSW, because they are more able to use the skills they practised with the worker and can combat challenges in life more independently.

Longitudinal associations for stress

Clients reported average scores for stress at all measurements. The working relationship had no influence on these stress levels. It might be that more time is needed before the working relationship with workers has a beneficial effect on clients' stress. Our working relationship-scale did not measure whether clients felt comfortable enough to share personal issues with the workers (Andersson, 2013; Rauwerdink-Nijland & Metz, 2022), which may be crucial for clients to share the worries and stresses in their lives, providing the workers a greater chance to support clients in reducing their stress levels (Fyfe et al., 2018).

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

Directions for future research

This research indicates that workers were able to link clients to services, establish a positive working relationship with clients and provide practical support in the first eight months of contact with SSW. More research is needed to investigate the influence of the working relationship and practical support on clients' self-mastery and stress levels over a longer period of time. In this research, it is important to involve workers to generate their perspective.

Strengths and limitations

This study has several strengths. To our knowledge, this is the first prospective follow-up study on the influence of SSW on the lives of clients, during the first eight months of contact. In our study, we worked in close collaboration with workers and clients, to ensure the procedures and questionnaires were attuned to the diversity of clients and practises of SSW, which enabled us to attain reach a relatively large sample size at the start of this study ($n = 276$).

Several limitations of this study should also be considered when interpreting the results. For example, we do not know how representative our sample is for the total population of clients. Workers were not asked to keep track of response, because of their high work pressures, and not all eligible clients were asked to participate, for instance when workers felt asking clients could hamper the development of the working relationship. This may have led to a sample of clients with a relatively good working relationship. There was also a substantial drop-out in the follow-up measurements. The high drop-out was not unexpected as clients in SSW are known to be frequently in and out of touch with workers. While the most appropriate analysis technique was used to handle missing data (Twisk, 2013), the substantial drop-out might have affected the results.

Implications for practice and policy

The results of this study provide valuable clues for professionals in social work practices and for policymakers who are responsible for the care for the so-called hard-to-reach and marginalised people

in the Netherlands. At each timepoint, approximately 70% of the clients was linked to services through SSW. This finding seems to underline the importance of an outreach method like SSW in the participation society in which citizens are expected to find suitable support themselves. Results of this study invite policymakers to reflect on the feasibility of the participation society, e.g. in terms of accessibility of services, as the service system is often too complex for citizens to navigate and find suitable support themselves. For these citizens, SSW is critical to guide them through the maze of services that were created.

The results regarding the working relationship underlined the complexity of working with so-called hard-to-reach and marginalised people. In the first eight months of contact, workers were able to develop a positive working relationship with clients, who usually distrust social professionals and local governments. Policy makers should recognise this as an essential result of an outreach method like SSW. Yet, no longitudinal associations were found for the working relationship, which implies a longer period of time is needed for the working relationship to become beneficial. Policy makers should therefore give special consideration to long-term commitment of workers.

Conclusions

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

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No potential conflict of interest was reported by the author(s).

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