

ARTICLE

Fostering societal participation of marginalised people in street-outreach services in the Netherlands

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Abstract

Marginalisation is a multilevel phenomenon in society depriving people from essential rights, resources, and opportunities. Street-outreach services in the Netherlands, like social street work (SSW), support these marginalised people in fostering their participation in society as an answer to their marginalised position in society. We followed 927 clients in SSW over an eight-month period. Clients filled in a questionnaire at three timepoints. We examined whether clients' perceived belongingness, self-esteem, strengths, and informal support (outcome measures) were associated with the working relationship, over time. Results showed the establishment of a working relationship with clients at all three timepoints. An evolving working relationship was associated with an increase in clients' perceived belongingness, self-esteem, strengths, and informal support over time. This study showed the ability of workers to establish a working relationship with clients in their living environment and underscored the necessity of establishing a working relationship in street-outreach services to foster clients' participation in society. This study encourages policymakers to reflect on current street-outreach services, to deviate from demanding short-term and measurable results from professionals' efforts, and to opt for a better fit between performance and financing conditions and daily practices of street-outreach services.

Keywords: impact; marginalised people; societal participation; street-outreach services; working relationship

Introduction

Marginalisation, also referred to as social exclusion, is a multilevel, structural phenomenon in society (Granger, 2013; Vrooman & Hoff, 2013), resulting at the individual level in an accumulation of disadvantages on four dimensions, namely (1) deprivation of basic goods and services, e.g. housing/income/education

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(Van Laere *et al.*, 2009); (2) limited access to basic social rights, e.g. lack of stable housing (Tsemberis *et al.*, 2004); (3) limited social participation, e.g. feelings of not belonging (Baart, 2011) and limited social support from family/friends (Lam & Rosenheck, 1999); and (4) experiences of alienation as a result of insufficient cultural integration opportunities (e.g. involvement in the criminal justice system) (McGuire & Rosenheck, 2004).

People experiencing marginalisation on several dimensions often need help to hold their own in society, but frequently do not know where to turn to for help (Reynaert *et al.*, 2021) or do not look for support themselves as they have lost confidence in professionals due to previous negative experiences (Reynaert *et al.*, 2021; Trappenburg, 2018). Street-outreach services try to get in contact with these people in order to reconnect them to society (Rauwerdink-Nijland & Metz, 2022). In this study, we focus on one of the dimensions of social exclusion, namely social participation (informal support and belongingness) and extend this dimension with self-esteem and strengths. In this study we refer to these outcomes together as participation in society. We examine marginalised people's development on these outcome measures and whether the working relationship is associated with these developments.

In the Netherlands, approximately 20 per cent of the citizens have difficulties in holding their own and are completely dependent on local governments and social services ('S Jongers & Kruiter, 2023; Tweede Kamer der Staten-Generaal, 2021). People in the margins of society face multiple, complex, and strongly intertwined problems in several life domains (Omlo, 2017; Kruiter & Klokman, 2016). They face problems like unstable housing or homelessness (Sociaal Cultureel Planbureau, 2023; Nationaal Plan Dakloosheid, 2022), intellectual disabilities (Van Straaten, 2016), mental health problems (Sociaal Cultureel Planbureau, 2023; van Laere *et al.*, 2009), financial problems and debts (Jungmann *et al.*, 2015), unemployment (Rutenfrans-Stupar *et al.*, 2019; van Laere *et al.*, 2009), and sometimes are involved in criminal activities (Ferwerda *et al.*, 2017). Many of these persons experience family conflicts, rely solely on support of peers, or have no social network (Sociaal Cultureel Planbureau, 2023; Rauwerdink-Nijland *et al.*, 2023). People who experience difficulties in holding their own in society and do not know when and where to turn to for support are often labelled as 'hard-to-reach' or 'care-avoiders'. They often do not receive the support they need and tend to become further removed and estranged from society (Rauwerdink-Nijland & Metz, 2022; Reynaert *et al.*, 2021). Moreover, for people in marginalised situations participation in society, defined as 'involvement in activities providing interactions with others in the society or community' (Levasseur *et al.*, 2010, p. 2146), is a major issue. Especially the chronic stress of being in financial need and/or having debts is common for marginalised people ('S Jongers & Kruiter, 2023; Nationaal Plan Dakloosheid, 2022), leading to for example difficulties in long-term thinking and planning (Jungmann *et al.*, 2015), which negatively influences marginalised peoples' chances on participation in society (Nationaal Plan Dakloosheid, 2022).

Social policy

Local governments finance street-outreach services to combat peoples' marginalised position in society and increase their participation in society. However, in the

Netherlands it is a complex and continuous battle for outreach-service organisations, especially for street-outreach services, to obtain these essential financial resources to provide this support. Local governments enforce short-term trajectories and expect concrete and measurable results (van der Trier et al., 2022). Policy instruments used by local governments to achieve these desired results, do frequently not accord with policy goals of local governments (Boesveldt et al., 2017), which is essential to ensure a sufficient level of goal attainment (Fenger & Klok, 2014). Therefore, Dutch policy often shows a biased, unilateral view of the contact and activities of social workers with their clients and carers (van der Trier et al., 2022). Also, this policy matches badly with the relational and complex nature of the practice of street-outreach services to marginalised people because it shelves critical components of the work of professionals, such as the working relationship, as insignificant, and in so doing undermines the professionalism of social work professionals and practices (Teeuw, 2023; van der Trier et al., 2022).

Focus of this study

It is evident that reaching out to people in marginalised positions is necessary to tackle the obstacles that hinder their societal participation. However, in the Netherlands and elsewhere, research on the potential influence of a street-outreach method, like social street work (SSW), on marginalised peoples' participation in society is scarce. This longitudinal cohort study aims at examining the influence of the working relationship between clients and workers in SSW – over an eight-month period – on clients' societal participation in terms of clients' perceived changes in belongingness, self-esteem, strengths, and informal support.

SSW

SSW is a street-outreach method in the Netherlands aimed at engaging with and supporting marginalised people (Rauwerdink-Nijland & Metz, 2022). Workers reach out to marginalised people to tackle the obstacles in their lives and help them access support services (Hill & Laredo, 2019; Andersson, 2013).

Professional SSW workers have a bachelor's degree or vocational education in social work. Typically, individual workers have contact with —forty to fifty clients and spend at least 50 per cent of their working time in public areas like streets and parks to reach out to these clients (Rauwerdink-Nijland & Metz, 2022; Hill & Laredo, 2019; Omlo, 2017). SSW is characterised by an open-ended social pedagogical approach (Metz, 2016; Mercier et al., 2000). SSW offers support to help clients to face their problems and discover and develop their strengths and to gain access to their social rights to reduce inequalities in all life domains (Rauwerdink-Nijland & Metz, 2022). This support consists of, for example, aid to access information and services, role modelling and role playing to teach clients new ways to deal with difficult situations, like telephone calls with creditors, and helping clients navigate the system and accompanying them to appointments with services. Workers also try to establish and maintain in contact with clients, to gain trust and establish rapport to ensure that clients open up for the presence and input of SSW (Rauwerdink-Nijland & Metz, 2022; Erickson and Page, 1998; Morse, 1996).

When clients are open for receiving care, the SSW trajectory officially commences with contact on a regular basis and support to combat clients' problems (Rauwerdink-Nijland & Metz, 2022). In this process, workers focus on building a working relationship with clients, which is an active collaboration between workers and clients, in which workers and clients develop trust in each other, bond together and achieve agreement about the process towards accomplishing client's goals (Bordin, 1994). Other research shows that a good working relationship increases the possibilities of better outcomes of interventions (Davidson & Chan, 2014; de Greef *et al.*, 2018; Reisner, 2005). The realisation of a good working relationship with marginalised people is essential and at the same time very difficult to achieve (Kruiter & Klokman, 2016; Redko *et al.*, 2006) as marginalised people often distrust (professionals of) social services e.g. because of prior negative experiences (Reynaert *et al.*, 2021) or because they are (to) ashamed to ask for support (Trappenburg, 2018).

So far, research on this working relationship, also known as the therapeutic alliance, has focused on the working relationship in settings in which clients visit professionals, like psychologists (e.g. Onstenk, Hilbrink & van Hattem, 2023). In the context of SSW, workers initiate the contact in peoples' living environment, like streets or parcs. In this context people have the choice to avoid the workers, sometimes literally for months or even years (Rauwerdink-Nijland & Metz, 2022, Dewaele *et al.*, 2021). This could affect the realisation of the working relationship, as worker and client need to be in contact to develop this. To our knowledge, research on the potential influence of this working relationship on outcomes for marginalised people in the context of street-outreach services is scarce. Moreover, longitudinal research in which the perspectives of marginalised people is represented is rare. The focus on clients' perspective is important because this is needed to design content-related policy (Teeuw, 2023, van den Trier *et al.*, 2022).

The focus on the working relationship in SSW is needed, because for marginalised people, like SSW clients, participation in society is difficult for several reasons and the working relationship could be helpful (van Pelt & Ročak, 2023). First, they often feel systematically overlooked in society and experience feelings of not belonging, invisibility, and alienation (Rauwerdink-Nijland & Metz, 2022; Baart, 2011). Consequently, they tend to further withdraw from society ('S Jongers & Kruiter, 2023; Sociaal Cultureel Planbureau, 2023). SSW tries to curve this process by making and maintaining contact with clients and trying to develop a working relationship with them. By building rapport, in the beginning phase of the working relationship, the sense of belonging of clients may increase (van Pelt & Ročak, 2023; Duyvendak & Wekker, 2015) as workers are their connection to society now. Furthermore, the exchange with outreach professionals seem to enhance clients' inclination and possibilities to participate in society (Omlo, 2017; Kruiter & Klokman, 2016).

Second, developing more self-esteem is essential for marginalised people as many lack self-esteem and experience few possibilities for self-direction and self-determination (Andersson, 2013; Ryan & Deci, 2000). They often feel that their abilities to change their life circumstances and foster a satisfying life are inadequate (Andersson, 2013; Granger, 2013). Many marginalised people feel insecure and feel pushed around in life (Lyttle *et al.*, 2006; Cantor, 1990). This helplessness could

negatively influence their ability to combat the challenges in life and to participate in society. SSW tries to curve this process by approaching clients in a positive way and encouraging them to take small steps in achieving goals that truly matter to them. Further, research suggests that self-esteem can act as a buffer against various negative influences e.g. stress (Longmore et al., 2004).

It is increasingly important that people develop their own strengths, to be able to live a satisfying life in an increasingly more complex and demanding society, because of e.g. the digitalisation of society (du Bois-Reymond & Christholm, 2006) and the decreasing social cohesion (Tonkens & Duyvendak, 2018). However, for marginalised people, this is not evident, as sheer survival and dealing with daily hassles that come with it is their constant priority ('S Jongers & Kruiter, 2023; Wolf, 2016). Also, marginalised people often feel their strengths are not recognised as valuable (Colliver, 2023), which negatively affects their hope for a better life (Dewaele et al., 2021). SSW tries to curve this process by helping clients to discover and develop their strengths. The process of discovering and developing clients' strengths is a component of establishing the working relationship between clients and workers (Wolf & Jonker, 2020).

Last, the focus on building or retaining informal support to marginalised people is necessary, as they often lack this kind of support (Rauwerdink-Nijland et al., 2023; Rutenfrans-Stupar et al., 2019). Without this support, many are unable to fulfil their own basic needs such as shelter, food, and income (Rauwerdink-Nijland et al., 2023; Polgar, 2011). The focus on informal support is important, especially in the light of the transformation towards the participation society, in which people are expected to hold their own, conceivably with support from their social network (den Draak & van der Ham, 2018; Tonkens & Duyvendak, 2018). SSW therefore focusses on reconnecting clients with their carers and or helping them to develop new social bonds.

In this study the following research questions are therefore addressed:

- 1) To what extent is the working relationship associated with clients' belongingness, self-esteem, strengths, and informal support during an eight-month period of SSW?
- 2) To what extent are the perceived associations influenced by characteristics of clients (gender, age) and metrics of SSW (phase, length, and length of contact)?

Methods

Study design and setting

Between September 2017 and September 2018, a longitudinal cohort study was carried out among clients who were in touch with workers of a Dutch SSW organisation covering the northwest of the Netherlands, located in seven municipalities (Amsterdam, Haarlem, Velsen, Velsenbroek, Hillegom, Heemstede, and Woerden). In this study participants were followed up two times with intervals of four months (total follow-up eight months). Participants varied in the length of contact with SSW at baseline: (a) contact between zero and six months;

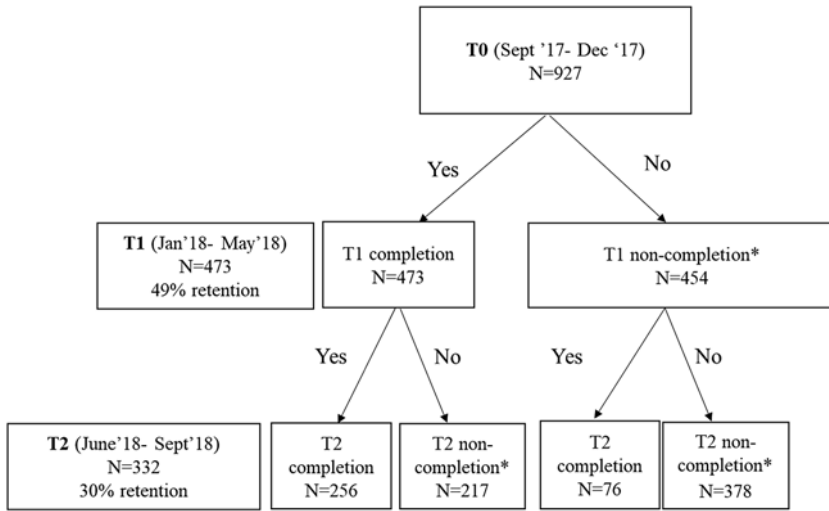


Figure 1. Participant flowchart in study *Table 1 for registered reasons for non-completion.

(b) contact between seven months up to three years; and (c) contact for three years or longer.

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 (registration number 2018/4450).

Participants

Participants were recruited through ninety workers of fifteen teams of the Dutch SSW organisation. Clients were eligible to participate in the study if they: (a) were aged less than twelve; and (b) could complete the questionnaire, conceivably with support. The recruitment of participants took place between September 2017 and December 2018.

Of the total number of 927 participants, at T0, 27.6 per cent ($n = 256$) completed all three questionnaires, 31.6 per cent ($n = 293$) completed two questionnaires (T0 and T1, or T0 and T2), and 40.8 per cent ($n = 378$) completed only the first questionnaire. 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. Several reasons were given for non-completion, like loss of contact with client or (temporary) positive outflow of client (Table 1).

Procedures

We developed the study protocol and questionnaire in co-creation, by collaborating with fourteen workers in three focus groups meetings to ensure using an attuned questionnaire for the SSW practice. Further, six clients participated in two focus

Table 1. Reasons for non-completion T1 ($n = 473$) and T2 ($n = 332$)

Reasons for Non-Completion	T1 (%)	T2 (%)
(Temporary) positive outflow (e.g. school, work, or specialized care)	11.3	11.3
(Temporary) loss of contact	28.6	37.2
Workers did not ask respondent to participate		
Worker did not know which client completed T0	22.6	17.1
Organisational change (job change worker or worker transferred to another team)	11.8	11.8
Respondent could not participate in study (e.g. client in rehabilitation centre or detention)	3.9	2.4
Timing was not right to ask client to participate, e.g. due to tension in relationship with client	1.1	1.2
Refusal (lack of time or motivation client)	18.8	17.9
Other (e.g. client passed away)	0.2	0.4

groups to ensure suitability of the study protocol and questionnaire from client's perspective.

Before the data collection started, all ninety workers participated in a three-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. Moreover, the unequal power between workers and clients was discussed to decrease clients fear of losing contact with or support from workers.

When asking clients to participate, workers verbally described the study to the potential participants, gave them an information letter about the study, motivated clients to participate, and assured clients that when they declined participation their decision would not change the SSW contact and support. Written consent from the participant was obtained before filling in the questionnaire at T0. If the participant was aged less than sixteen, the worker also verbally contacted the primary carer(s), described the study, and asked for consent.

Participants completed the questionnaire: online, or hardcopy. To reduce response bias, the workers were not physically present as the clients filled in the questionnaire. Seven workers mentioned that they were present when clients filled in the questionnaire, because clients used workers' device out on the streets and did not know how to use this themselves. During the process of data collection, researchers maintained close contact with workers to monitor drop out and to support them.

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. Clients were able to choose how and when they received the money or whether they preferred groceries or saved the money for a bigger reward, e.g. going to the movies or dinner, after completing two or three questionnaires.

Measures

Belongingness

We assessed belongingness at all three time points with three items based on relevant literature (Vrooman & Hoff, 2013; Dewaele *et al.*, 2021; Wolf, 2016; Baart, 2011) and measured on a five-point Likert scale ranging from ‘strongly agree’ to ‘strongly disagree’. Higher scores indicated more perceived belongingness. Items were ‘I am not important to anyone’, ‘I do not feel seen’ and ‘My opinion does not matter’. For ‘belongingness’, the factor analyses showed a valid scale at baseline (76 per cent explained variance and $\alpha = 0.84$).

Self-esteem

We assessed self-esteem at all three timepoints with five items based on relevant literature (Franck *et al.*, 2008; Rosenberg, 1979), measured on a five-point Likert scale ranging from ‘strongly disagree’ to ‘strongly agree’. Higher scores indicated higher levels of perceived self-esteem. Items were for example ‘On the whole, I am satisfied with myself’ and ‘I think I have some good qualities’ (for all items, see supplementary materials). For ‘self-esteem’, the factor analyses showed a valid scale at baseline (54 per cent explained variance and $\alpha = 0.79$).

Strengths

Developing strengths was assessed at all three timepoints with four items based on relevant literature (Lyttle *et al.*, 2006; Bandura, 1997), measured on a five-point Likert scale ranging from ‘strongly disagree’ to ‘strongly agree’. Higher scores indicated higher levels of perceived strengths. Items were for example ‘The worker encouraged me to discover strengths or things I like to do’ and ‘The worker gave me confidence to try things on my own’ (for all items, see supplementary materials). For ‘strengths’, the factor analyses showed a valid scale at baseline (70 per cent explained variance and $\alpha = 0.86$).

Informal support

Informal support was assessed at all three timepoints with two items measured on a five-point Likert scale ranging from ‘never’ to ‘very often’: ‘Have you perceived support or encouragement from people in (a) your family and (b) your other informal network, like friends or peers’. Higher scores indicated more perceived informal support to clients. For ‘informal support’, the factor analyses showed a valid scale at baseline (77 per cent explained variance and $\alpha = .69$).

Working relationship

The working relationship was assessed at all three time points with a twenty item instrument designed for this study based on relevant literature (Wolf, 2016; Baart, 2011; Bordin, 1994). This scale was measured on a five-point Likert scale ranging from ‘strongly disagree’ to ‘strongly agree’. Higher scores indicated an evolving perceived 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' (supplementary materials for all items). For 'the working relationship', the factor analyses showed a valid scale at baseline (67 per cent explained variance and $\alpha = .97$).

Sociodemographic characteristics

Age, gender, cultural background, and educational level were obtained at baseline.

Clients filled in their age. Cultural background was assessed by self-identification and categorised into (a) native Dutch background, (b) bicultural background: combination Dutch background and other, and (c) non-Dutch background. Educational level was categorised into (a) very low (did not complete or only completed primary school), (b) low (prevocational secondary education, lower secondary vocational education), (c) intermediate (higher secondary vocational education, senior general secondary education, preuniversity), and (d) high (higher professional education, university education).

Metrics of SSW service delivery

Phase of SSW and frequency of contact with SSW were assessed at baseline and both followup measurements. Regarding phase of SSW, clients were asked if they (a) were only in contact with SSW in public areas or (b) received support in an official trajectory including intake.

Length of contact was assessed at baseline and was categorised into (a) contact between zero to six months, (b) contact between seven months up to three years, and (c) contact for three years or longer.

Frequency of contact 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. For all scales we used, we conducted an exploratory factor analysis (principal component analysis and direct oblimin rotation) on the responses of the clients to determine the validity of the scales used at the first measurement. Descriptive statistics were performed to describe sociodemographic characteristics of clients, and metrics SSW service delivery between client and SSW at baseline. Furthermore, descriptive statistics of the outcome measures and intermediate measures were given for all three measurements.

We assessed differences in characteristics of completers and non-completers of the questionnaire with *t* tests (age) and chi-square tests (gender/educational level/cultural background/phase/frequency of contact with SSW) and a one-way ANOVA for the working relationship. We assessed these differences on T0–T1 and T0–T2 to determine whether completers and non-completers were comparable with respect to their scores on these measures at T0.

We used linear mixed model (LMM) analyses to investigate whether the working relationship was longitudinally associated with clients' perceived belongingness,

self-mastery, strengths, and informal support at each timepoint, considering the two-level structure of the data: repeated measures were clustered within clients. LMM is a preferred statistical method for analysing longitudinal data considering different levels of the structure of the data. 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. We used restricted maximum likelihood as method estimation and unstructured as the covariance type. Separate models were used for the associations between SSW and the primary outcome measures and intermediate measures. The random slopes did not significantly improve model fit, so were not included as determined by Likelihood Ratio Test ($-2 \times \text{Restricted Log Likelihood}$).

We estimated unadjusted effects for the working relationship and, in addition, we performed analyses adjusted for gender/age, and phase/length/frequency of contact with SSW (adjusted analyses). Finally, additional analyses were performed to detect effect modifications, with interaction terms for gender/age and phase/length/frequency of contact with SSW. For all analyses, we used a cut-off for significance of $p < 0.05$. The interpretation of the regression coefficient is twofold (Twisk, 2013). First, the between-subjects interpretation implies a difference between two subjects of one-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 one-unit intermediate variable is associated with a change of β units in the primary outcome measure (Twisk, 2013).

Results

Of the 927 respondents, 256 (27.6 per cent) completed all three questionnaires. Regarding the differences between completers of T0 and non-completers of T1, completers more often were older and less often reported another cultural background than Dutch. Regarding differences between completers of T0 and non-completers of T2, completers more often reported being twenty-eight years or older (supplementary materials). No other statistically significant differences were found.

Sociodemographic characteristics

Table 2 shows the client's characteristics at baseline. More than half of clients were male ($n = 596$; 64 per cent) and clients were on average 24.5 years old ($SD = 11.96$). Most clients reported a bicultural background ($n = 583$; 63 per cent) and an intermediate educational level ($n = 522$; 56 per cent).

Metrics of SSW-service delivery

Of all clients, 44.9 per cent ($n = 417$) reported being in contact with SSW between —zero and six months and 53.1 per cent ($n = 492$) reported to be in contact with SSW in public areas. For frequency, the largest group of clients (31.7 per cent, $n = 294$) reported to be in contact with SSW more than once a week (Table 2).

Table 2. Demographic characteristics of clients at T0 and metrics of SSW-services delivery ($n = 927$)

Characteristics	Total n (%)
Age	24.5 (SD = 11.96)
Gender	
Female	331 (35.7)
Male	596 (64.3)
Cultural background	
Only Dutch	218 (23.5)
Bicultural Dutch and other	583 (62.9)
Non-Dutch	126 (13.6)
Educational level ($n = 920$)	
Very low	50 (5.4)
Low	272 (29.3)
Intermediate	522 (56.3)
High	76 (8.2)
Metrics of SSW service delivery	
Length of contact	
0–6 months	417 (44.9)
7 months up to 3 years	274 (29.6)
3 years or longer	236 (25.5)
Phase of SSW	
Trajectory	435 (46.9)
Contact in public areas	492 (53.1)
Frequency	
Less than once a month	129 (13.9)
Once a month	135 (14.6)
Every two weeks	162 (17.5)
Once a week	207 (22.3)
More than once a week	294 (31.7)

Descriptives

The means and standard deviations of the outcome measures and the intermediate measure over time are presented in Table 3. On all points in time the average scores for the working relationship were a little over 4, meaning that clients were predominantly positive about the working relationship. On all points in time the average scores were a little under 3, 5 for perceived strengths, a little under 4 for perceived belongingness and perceived self-esteem, and a little over 3 for perceived

Table 3. Descriptive outcome and intermediate measures of the sample per measurement

	T0 (<i>n</i> = 927) M (SD)	T1 (<i>n</i> = 473) M (SD)	T2 (<i>n</i> = 332) M (SD)
Outcome measures			
Belongingness	3.85 (0.91)	3.77 (0.90)	3.79 (0.82)
Self-esteem	3.87 (0.69)	3.85 (0.63)	3.87 (0.59)
Strengths	3.41 (1.00)	3.38 (1.01)	3.48 (1.00)
Informal support	3.23 (1.02)	3.26 (0.95)	3.17 (0.94)
Intermediate measures			
Working relationship	4.10 (0.76)	4.18 (0.70)	4.18 (0.63)

informal support. Meaning that clients were predominantly positive about the extent workers fostered their perceived belongingness, self-esteem, and strengths, and were predominantly neutral with respect to the amount of informal support they received.

Longitudinal associations

Belongingness

Results showed a small significant longitudinal positive association ($\beta = 0.14$, $p < 0.001$) between the working relationship and clients' perceived belongingness (Table 4), meaning that the evolving working relationship was associated with an increase in clients' perceived belongingness. Additional analyses showed age was a small effect modifier for the working relationship (Table 5). For older clients ($\beta = 0.02$, $p < 0.001$) an evolving working relationship was associated with a larger increase in clients' perceived belongingness.

Self-esteem

Results showed a moderate significant longitudinal positive association ($\beta = 0.24$, $p < 0.001$) between the working relationship and self-esteem (Table 4). This indicated an evolving working relationship was associated with an increase in clients' perceived self-esteem. Additional analyses showed gender and phase, length, and frequency of contact with SSW were effect modifiers for the working relationship (Table 5). For females an evolving working relationship was associated ($\beta = 0.21$, $p < 0.001$) with a larger increase in self-esteem in females than in males. For clients in contact with SSW once a month indicated an evolving working relationship was associated ($\beta = -0.22$, $p < 0.001$) with a decrease in clients' perceived self-esteem compared to clients who were in touch with SSW more than once a week, where we found an increase in self-esteem. Moreover, for clients in touch with SSW between —zero and six months ($\beta = -0.12$, $p = 0.016$) and for clients in touch with SSW between seven months up to three years ($\beta = -0.17$, $p = 0.006$) an evolving working relationship was associated with a decrease in the perceived self-esteem compared to clients in contact with SSW for three years or longer where an increase in self-esteem was found. Finally, we found that clients

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

Outcome measure	Intermediate measure	Unadjusted Analyses			Adjusted Analyses ^a		
		B ^b	<i>p</i>	95% CI	B	<i>p</i>	95% CI
Belongingness	Working relationship	0.138	<0.001***	0.08, 0.20	0.138	<0.001***	0.08, 0.20
Self-esteem	Working relationship	0.240	<0.001***	0.20, 0.28	0.240	<0.001***	0.20, 0.28
Strengths	Working relationship	0.68	<0.001***	0.62, 0.74	0.65	<0.001***	0.60, 0.71
Informal support	Working relationship	0.232	<0.001***	0.17, 0.30	0.230	<0.001***	0.17, 0.29

^aAdjusted for age, gender, phase/length/frequency of contact with SSW

^bB = Unstandardised regression coefficient, reflect both the within-subject associations and the between-subject associations.

Statistically significant;

*** $p \leq 0.001$.

who were only in contact with SSW in public areas an evolving working relationship was associated ($\beta = -0.15$, $p < 0.001$) with a decrease in clients' perceived self-esteem, compared to the increase in self-esteem found in clients in a trajectory.

Strengths

Results showed a moderate significant longitudinal positive association between the working relationship and developing clients' perceived strengths ($\beta = 0.65$, $p < 0.001$; Table 4). This indicated an evolving working relationship was associated with an increase in client's perceived developed strengths. Additional analyses showed no significant effect modifiers (Table 5).

Informal support

Results showed a small significant longitudinal positive association between the working relationship and perceived informal support ($\beta = 0.23$, $p < 0.001$) (Table 4). This means an evolving working relationship was associated with an increase of perceived informal support for clients. Additional analyses showed no significant effect modifiers (Table 5).

Discussion

The aim of this study was to examine to what extent (1) the working relationship is associated with clients' belongingness, self-esteem, strengths, and informal support during an 8-month period of SSW and, (2) the perceived associations are influenced by characteristics of clients (gender, age) and metrics of SSW (phase, length, and length of contact).

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

Outcome measure	Inter-mediate measure	Gender		Age		Length of Contact		Phase of SSW		Frequency					
		B ^a	95% CI	B	95% CI	B	95% CI	B	95% CI	B	95% CI				
Belongingness	Working relationship	Males	Reference	Age	0.02***	0.01, 0.02	≥3 years	Reference	Trajectory	Reference	>1 week	Reference			
		Females	-0.08	-0.20, 0.05			7 months - 2 years	0.12	-0.04, 0.29	Contact in public areas	0.07	-0.04, 0.19	Weekly	0.06	-0.09, 0.22
						0-6 months	-0.04	-18, 0.09				Every 2 weeks	0.02	-0.15, 0.18	
											Monthly	0.12	-0.06, 0.31		
											<1 month	0.03	-0.13, 0.18		
Self-esteem	Working relationship	Males	Reference	Age	-0.00	-0.01, 0.01	≥3 years	Reference	Trajectory	Reference	>1 week	Reference			
		Females	0.21***	0.12, 0.30			7 months - 2 years	-0.17**	-0.29, -0.05	Contact in public areas	-0.15***	-0.23, -0.07	Weekly	-0.00	-0.12, 0.11
						0-6 months	-0.12**	-0.22, -0.02				Every 2 weeks	-0.08	-0.19, 0.04	
											Monthly	-0.13	-0.26, 0.00		
											<1 month	-0.22***	-0.33, -0.10		
Strengths	Working relationship	Males	Reference	Age	0.00	-0.01, 0.01	≥3 years	Reference	Trajectory	Reference	>1 week	Reference			
		Females	-0.07	-0.20, 0.05			7 months - 2 years	-0.04	-0.20, 0.12	Contact in public areas	0.04	-0.07, 0.15	Weekly	-0.07	-0.21, 0.08
						0-6 months	-0.01	-0.14, 0.13				Every 2 weeks	0.11	-0.05, 0.27	
											Monthly	-0.04	-0.22, 0.14		
											>1 month	-0.06	-0.21, 0.09		

(Continued)

Table 5. (Continued)

Outcome measure	Inter-mediate measure	Gender		Age		Length of Contact		Phase of SSW		Frequency					
		B ^a	95% CI	B	95% CI	B	95% CI	B	95% CI	B	95% CI				
Informal support	Working relationship	Males	Reference	Age	0.00	-0.01, 0.01	≥3 years	Reference	Trajectory	Reference	>1 week	Reference			
		Females	-0.01	-0.15, 0.13											
							7 months – 2 years	0.04	-0.14, 0.22	Contact in public areas			Weekly	0.05	-0.12, 0.22
							0–6 months	0.04	-0.11, 0.19				Every 2 weeks	0.03	-0.15, 0.22
													Monthly	0.05	-0.16, 0.26
												>1 month	-0.01	-0.19, 0.17	

^aB = Unstandardised regression coefficient, reflect both the within-subject associations and the between-subject associations.

Statistically significant;

**p < 0.01.

***p < 0.001.

We found several longitudinal associations between the working relationship and their perceived participation in society in which the variation in the strength of the associations fluctuated between small and moderate (Coe, 2000).

Working relationship

Results showed that workers were able to establish a working relationship with clients at baseline and maintained this relationship during the follow up timepoints. This is encouraging as clients in SSW, frequently are marginalised people who experience social exclusion (Rauwerdink-Nijland & Metz, 2022; Baart, 2011). The connection with workers makes them less socially excluded (van Pelt & Ročak, 2023). Moreover, it is hopeful that workers establish this working relationship in clients' living environment as previous research has shown that realising a working relationship with marginalised people is often experienced as very difficult by professionals (Kruiter & Klokman, 2016; Redko et al., 2006). That clients in SSW were willing to develop a working relationship with workers is encouraging for the next steps clients must take in contact with social professionals of social services as they often distrust social professionals and experience difficulties in navigating the Dutch social support system (Verhoeven & Tonkens, 2013). Knowing that a working relationship with so-called hard-to-reach people can be established in itself is important, as research has shown that social work services, responsible for providing accessible and timely support to citizens in a neighbourhood, are not able to reach out to and connect with marginalised people due to a lack of time and/or a lack of skills and their unfamiliarity with outreach and the provision of street-outreach services in particular (Rooman & Hoff, 2013; Nationaal Plan Dakloosheid, 2022; van Arum et al., 2020).

Working relationship and perceived belongingness

The association between the working relationship and increased sense of belongingness may be due to workers being perceived as the connection for clients with society which they do not feel part of (Duyvendak & Wekker, 2015). For older clients, the association between an evolving working relationship and perceived belongingness was stronger than for younger clients. Previous research in SSW has shown that older clients often report a lower quality of their social network (Rauwerdink-Nijland et al., 2023). Therefore, these clients may be less able to rely on family members or peers and may be more dependent on the contact with workers to increase their perceived belongingness.

Working relationship and perceived self-esteem

It could be that an evolving working relationship leads to an increase in clients' perceived self-esteem because for developing self-esteem it is important to have someone in your life who recognises you for who you are, who believes in you as a person and recognises your talents (Sonneveld, 2022; Abdallah et al., 2016). For many clients the worker may be the only one, or one of the very few people in their lives, who unconditionally support them (Rauwerdink-Nijland & Metz, 2022) and in doing so may act as a buffer against several negative influences

(Longmore et al., 2004), thus inducing self-trust and self-esteem and the feeling that they can solve their problems (Andersson, 2013).

The association was stronger for females, being in line with previous research showing that females benefit more from a good working relationship than males (Fyfe et al., 2018; Leadbeater et al., 1995). Maybe this is because females generally feel less confident about themselves compared to males, even when they perform equally, and respond differently, e.g. often internalise their problems (Leadbeater et al., 1995). It could be that females because of this working relationship feel encouraged to open up to workers and may experiences changes more readily in problem solving and, and thereby in self-esteem.

However, for clients who were in contact with SSW less than once a month, clients who were in contact for less than two years, and client who only had contact in public areas an evolving working relationship was associated with a decrease in their perceived self-esteem. For clients with a low frequency of contact feelings of loneliness may be stronger making them feel unloved, and thus negatively affecting their self-esteem (de Jong-Gierveld, 1984).

Clients who were in contact for less than two years and clients who were in contact with SSW only in public areas may realise they cannot combat their challenges independently and must admit to themselves they need the contact with the worker (the working relationship), leading to a diminished self-esteem. A period of three years may, however, be long enough for clients to feel more at ease with the worker, share their thoughts and doubts in life, and realise it is powerful to combat challenges together with workers.

Working relationship and perceived strengths

It might be that an evolving working relationship leads to an increased awareness of clients' perceived strengths because through the working relationship clients are being encouraged and motivated to discover their strengths, and also are provided more opportunities to use and experience these strengths (Sonneveld, 2022; Abdallah et al., 2016). This is in line with results on self-esteem. Another hypothesis might be that workers function as a role model and offer clients chances to practise difficult or stressful situations, and thus provide them opportunities to discover and use their own strengths.

Working relationship and perceived informal support

An evolving working relationship leads to an increase in perceived informal support. This may be because carers tend to support clients more knowing that workers are willing to invest time and effort in the client and hence, they may be encouraged to do the same. Carers may also experience more possibilities to share and discuss the situation of clients as well as their worries with workers in SSW, consequently increasing their willingness to provide support. This increase of perceived informal support is essential for clients given the transformation in the Netherlands towards a participation society in which people are expected to hold their own, conceivably with support from their social network, and professional

support only being available as a last resort (den Draak & van der Ham, 2018; Tonkens & Duyvendak, 2018).

Research implications

Future research should focus on marginalised people's personal development goals, to legitimise and substantiate street-outreach services, like SSW, as results of this study show that SSW combats social exclusion of people in marginalised situations. Furthermore, additional research, especially qualitative research, is needed to generate more insight into the establishment of the working relationship within street-outreach services, the types of support provided, and how female and male clients, as well as carers of clients, may benefit from both.

Practice and policy implications

Results of this study, confirming longitudinal associations between the working relationship in SSW and clients' participation in society, provide clues for street-outreach services and policymakers to create the necessary conditions for this work (e.g. long-term contact), and to use requirements for service provision and financing of SSW that matches the goals of SSW to combat marginalised peoples' social exclusion. The results provide valuable knowledge that supports the legitimisation of street-outreach services to reach out to marginalised people. The results also underline the importance of advocating on these peoples' behalf hence contributing to de-stigmatisation of these people. The reaching out of professionals towards marginalised people and providing support is a human right (Sandel, 2021).

The results of this study may also be valuable for other social work practices as well as policymakers, showing that the establishment of a working relationship with marginalised people is possible, provided that service delivery meets certain demands, such as outreach (Kruiter & Klokman, 2016; Redko *et al.*, 2006). This is the more important because current policy often is hesitant providing the means for such service delivery, giving preference to and enforcing short-term support trajectories and expecting concrete and measurable results (Van Trier *et al.*, 2022) and consequently enlarge the social excluded position in society of people in marginalised situations (Teeuw, 2023; 's Jongers & Kruiter, 2023).

Strengths and limitations

This study has several strengths. First, to our knowledge this is the first prospective followup study on the impact of the working relationship between clients and workers for clients' participation in society. Second, the questionnaire we used was constructed in close collaboration with workers and clients, which ensured the procedures and questionnaire were attuned to the diversity of clients and practises of SSW. Because of the absence of a validated questionnaire, we used proper quality requirements to increase scientific quality. Thirdly, the large sample size at the start ($n = 927$) of this study, which is to our knowledge never achieved before in research on SSW clients. Finally, the longitudinal design has the advantage of

relating the individual development of a certain outcome variable over time to the individual development of, or changes in, other variables (Twisk, 2013).

Several limitations of this study should also be considered when interpreting the results. First, the initial response rate is unknown, as workers were not asked to keep track of response because of their high work pressure. Second, not all eligible clients were asked to participate because workers experienced barriers in recruiting clients out of fear of hampering the development of their working relationship. This might have led to a selective sample, e.g. mostly clients who perceive a relatively good working relationship with workers. Third, seven workers mentioned they were present when clients filled in the questionnaire. This might have affected the results. Fourth, there was a substantial drop-out in the follow-up measurements. The high drop-out level was to be expected as clients frequently are out of touch with workers. While we used the most appropriate analysis technique to handle missing data (Twisk, 2013), the substantial drop-out might have affected the results. Generalisation to the whole population of SSW clients is therefore hampered.

Supplementary material. The supplementary material for this article can be found at <https://doi.org/10.1017/S0047279424000035>

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