An Investigation into the Relationship Between Levels of Contact Exposure and Attitudes Towards the Homeless Population in Ireland.

Ella Crowley

X18449136

BA (Hons) Psychology

National College of Ireland

Submitted to the National College of Ireland, August 2022

Submission of Thesis and Dissertation

National College of Ireland
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(Thesis/Author Declaration Form)

Name: Ella Crowley

Student Number: 18449136

Degree for which thesis is submitted: Bachelors of Psychology

Title of Thesis: an investigation into attitudes towards the homeless population in an Irish context**.**

Date: 04th August 2022

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Acknowledgements

The warmest thanks to every person who has contributed in enabling me to reach this point. Every kind gesture and words of encouragement have not gone unnoticed and ultimately is what has gotten me here. Firstly, I would like to thank my mom, Jane for the endless love and support she shows in many different forms, making my favourite dinners, collecting me from the bus stop after long days spent in the library, telling me she's proud of me and doing anything she can to make me stress a little less, I can't imagine it has been easy. I would like to thank my friend Ellie for the motivation she has given me when I needed it, for the advice on assignments, for proofreading my work, but mostly for instilling a belief in me that I have the ability to complete this. I would like to thank the NCI supports team, for always meeting my panic with such calmness and guiding me in the right direction with any concern I had, no matter how big or small. I would like to give a massive thanks to my supervisor Colm Lannon-Boran for going above and beyond, answering any questions I had, for the reassurance and encouragement that put my mind at ease when I felt overwhelmed with it all. Your guidance and support has been invaluable. Finally, I would like to extend my thanks to everyone who took the time to participate in this study, without you this would have not been possible.

Abstract

Aims: The current research study sought to investigate if gender, income levels, education status, and levels of exposure to the homeless population predicted participant's attitudes towards the homeless population. The difference between attitude scores were compared between people who have worked/volunteered in homeless services and people who have not. Male and Female differences in attitude scores were also examined. **Method:** The sample consisted of 241 participants 182 females and 59 males (N = 241). Age ranged from 18 to 81, mean age *(M)* = 42.5. Convenient snowball sampling technique was used to gather participants, in addition, purposive sampling was used in effort to specifically recruit participants who have worked volunteered with the homeless population. Participant's levels of exposure to the homeless population were measured from a questionnaire extracted from (Tsai et al., 2019). Attitudes towards the homeless population were measured using the Attitudes Towards the Homeless Inventory (ATHI). A demographics questionnaire collected data on participant's gender, age, education level, family income, employment status, and whether they have or have not worked/volunteered in homeless services. **Results:** A significant difference was found in ATHI scores between people who have worked/volunteered with the homeless population compared to people who have not, scores revealed people who have worked/volunteered had more favourable attitudes. A significant difference was also found between male and female ATHI scores, women had more favourable attitudes towards the homeless population. Multiple regression found only two out of 5 variables significant predictors of attitudes which includes gender and exposure levels. **Conclusion.** As exposure and contact towards the homeless population was associated with more favourable attitudes, possible interventions that could be implemented guided from the results found were discussed.

Contents

Introduction

It is difficult to present a clear definition in relation to what homelessness is. There has been widespread controversy, debate and differences across cultures, charity organizations, and governments as to what falls under the bracket of homelessness. The unclear definitions result in inconsistent statistical reports of the number of homeless people in a country, which in turn can contribute to insufficient strategies and plans being put in place to combat the problem (Cordray & Pion, 1991). Under act 1988 the Irish state recognizes homelessness as 'There is no accommodation available that, in the opinion of the local authority, you and any other person who normally lives with you or who might reasonably be expected to live with you, can reasonably occupy or remain in occupation accommodation, or you are living in a hospital, county home, night shelter or other such institution, and you are living there because you have no suitable accommodation or you are, in the opinion of the local authority, unable to provide accommodation from your own resources'. Local authorities use this definition as a legal basis and will respond and act in accordance with what classifies as homeless from this definition. Since 2014 monthly figures of the number of people living homeless have been published. Homelessness figures have increased by 232% since then (Focus Ireland Annual Report 2019, 2021). According to the report published by the government housing department, the number of homeless people in the month of May 2022 was 7,297 with 4,725 (65%) males and 2,572 (35%) females across Ireland. As the capital it's not surprising Dublin has been reported to have the highest percentage of homeless people, with 71% of the total figures (5,173 adults) recorded from Dublin. The Northwest region (Leitrim, Donegal and Sligo) accounts for the lowest number of homeless people, with only 1% (74 adults) of overall figures. However, this does not account for the range of different ways homelessness can present itself. These figures only include people in emergency accommodation across Ireland and does not include the homeless people sleeping rough, people living in squats, or staying on friend's couches and it also does not count for the women and children in domestic violence refuges.

Many factors can contribute to someone becoming homeless. These include structural factors, such as rising rent pricing, unemployment, poverty, inadequate mental health systems and personal factors, such as addictions and mental health problems (Anderson & Christian; Bassuk, 1984; Lee et al., 2003; Lee et al., 2010). In addition to the extremely unpleasant experiences and hardship a homeless person has to go through on a day-to-day basis, being homeless increases the risk of many health problems (Hwang, 2001) and has psychological implications (Acorne, 1993; Crowe & Hardilll, 1993; Goodman et al.,1991). One study found the mortality rate for homeless men living on the streets as 9 times higher and 31 times higher for women, when compared to the general population of Quebec. Seizures, chronic obstructive pulmonary disease, respiratory problems and arthritis are all prevalent medical problems among the homeless population (Gelberg & Linn, 1989; Lee et al., 1994; Pizem et al.,1994). Often health problems can go undetected among the homeless (Gelberg & Linn 1989; Hwang, 2001) as they are not given adequate treatment for health problems. These include hypertension, anemia, and diabetes which can have serious long-term consequences (Brunner et al., 1972; Messerli, Williams, & Ritz, 2007; Nathan, 1993;) Skin and foot problems often caused by inappropriate footwear, hours of walkingand prolonged exposure to moisture are also common in the homeless population (Wrenn, 1991). Homeless individuals are particularly prone to developing diseases such as cellulitis impetigo venous stasis disease, scabies, body lice, corn and callouses. Prolonged neglect and not seeking adequate treatment leads to high disease severity throughout the homeless population (Sanchez, 1999). Research indicates people with mental health problems are at a severely higher risk to becoming homeless, with Irish findings stating that 71% of homeless people using their services were diagnosed with various mental health difficulties, with 22% being diagnosed with schizophrenia (Focus Ireland, 2019). One study suggests that the experience of losing a home and becoming homeless can be classified as a traumatic experience, which can lead to the onset of mental health problems (Goodman., 1991). Homeless people are more likely to experience criminal victimization (Lee & Schreck 2005; Huey 2010), and food insecurity (Lee and Grief 2008). The impacts of this can lead to individuals experiencing high levels of chronic stress and anxiety (Goodman, 1991).

Attitudes Towards the Homeless Population

It could be said homeless individuals have been categorized by society as an outgroup, which is presented in the literature as anyone who has been characterized by one or more attributes and negatively judged by ingroup members. According to Goffman (1963), when the label is strong enough, individuals are subjected to stigma (Jones et al. 1984; Link and Phelan, 2001). Stigmatization can facilitate rejection, devaluation of a person and a ruined identity (Tajfel & Turner, 1982). Previous studies measuring public beliefs, further reflect the stigmatization present for people who are homeless Belcher & DeForge, 2012; Kidd, 2007; Phelan, Link, Moore, & Stueve,1997). Findings revealed disproportionate beliefs on the prevalence of poor physical and mental health, criminal involvement, and substance abuse amongst the homeless population (Burt, Aron & Lee, 2001; Rossi, 1991). Another point noted by Rothbart & John (1993) is the nature of living on the streets makes it challenging to hide personal difficulties or the status of being homeless, hence reinforcing the stereotype as the stark difference between in and outgroup is evident. Phelan et al. (1997) study reported that people often stereotype these individuals as lazy, dirty undesirable and dangerous, as well as being more negatively evaluated compared to someone in poverty with a home. Studies found even among women, homeless mothers have been labelled as 'bad mothers' (Conolly et al., 2000) or 'welfare queens' (Bogard, 1998; Hancock, 2004). However, the existing research is not all negative, the studies mentioned have also reported that many people attribute the cause of homelessness to more structural issues rather than personal causes. Many people expressed sympathy and sadness for the persistent problem of homelessness and were angry at the government's lack of action to address the problem (Phelan et al. ,1997; Toro, & McDonell, 1992; Tompsett et al., 2006).

The Importance of Attitudes

The public's attitudes towards the homeless are of crucial importance. There is an existing body of research highlighting the strong link between attitudes and behaviour Ajzen & Cote, 2008; Ajzen, Fishbein, Lohmann & Albarracín, 2018; Bentler & Speckart, 1979)

This suggests our attitudes may have a direct impact on how we behave towards the homeless population, meaning society's attitudes could contribute positively or negatively to a homeless individual's experiences.

The unfavourable attitudes held towards the homeless population have been shown to negatively affect how homeless people view themselves, their self-worth, self-esteem, and mental health (Anderson et al. 1994; Roschelle and Kaufman 2004; Snow and Anderson 1987, 1993). Homeless people often use strategies to escape the negative effects of stigmatization. In an attempt to salvage a sense of self-worth, homeless individuals' distance themselves from others including other homeless people, people in public, or homeless services (Boydell et al., 2000; Snow & Anderson.,1993). This is a cause for huge concern as it could potentially mean a person could be homeless and living on the street for much longer than if services available were used. Furthermore, negative attitudes held by the general population towards the homeless can make it extremely difficult for the homeless to integrate back into society (Yanos et al., 2004). These negative attitudes can lead to discrimination in aspects such as seeking employment (Johnstone et al., 2015), medical care (Parkinson, 2009) and building relationships (Bower et al., 2018). On the other hand, positive attitudes can influence policy initiatives that are of benefit to homeless individuals. An interesting observation from Toro et al., (2007) study comparing attitudes and prevalence of homelessness across the United States and some countries in Europe, found there was a significant correlation between money spent on social benefits, homeless prevalence, and attitudes towards homeless individuals. For example, in Germany, 26% of overall domestic product was spent on social spending at the time of this study. With one of the most extensive social welfare systems, including an assured minimum wage, better unemployment benefits, and more rights for people renting accommodation (Helvie & Kunstmann, 1999; Toro & Rojansky, 1990), Toro et al., (2007) found attitudes were significantly more compassionate towards the homeless population compared to United States, where only 15% of overall domestic product

was spent on social spending and excluded any of the benefits Germany displayed. It was found the UK and United States associated criminality and untrustworthiness to homeless individuals significantly more than Belgium, Italy and Germany.

The United States also highly attributed the cause of homeless to personal failures compared to Germany with the lowest levels attributing to personal failures. Another study that compared the UK and Germany's social welfare systems, highlighted the difference in cultural attitudes. For example, Germany's attitudes emphasized the role of the government supporting more vulnerable groups in accessing employment, whereas the UK puts more emphasis on the individual's responsibility to take action themselves (Burkhardt, Martin, Mau, Taylor-Gooby, 2011). Perhaps, this may highlight the crucial role attitudes may have in driving policies and initiatives that are of benefit to the homeless population. Other studies have found people who had more favorable attitudes towards the homeless population were willing to pay higher taxes to support possible solutions (Loubière, et al., 2020). In addition, positive attitudes towards a group of people increases the likelihood of people helping and engaging in prosocial behaviour (Stedman., 2002), for example, volunteering (Morgan et al., 1997), which can be of crucial importance to the lives of homeless individuals.

Demographic Predictors of Homelessness

As the public attitudes towards the homeless population holds great impact, it's crucial research continues to measure attitudes and to further investigate potential predictors of both positive and negative attitudes. Some research suggests that younger and female participants had more favourable attitudes and were more sympathetic towards the homeless population. Mixed findings in relation to levels of education reveal participants with higher levels of education conveyed more tolerance for homeless individuals but less support for economic assistance (Phelan, Link, Stueve & Moore, 1995). Lee, Jones, and Lewis (1990) found that higher levels of education predicted less support for a personal deficiency

model of homelessness. One general poll on Nashville's population found that Southern, religious, politically conservative individuals held more negative attitudes towards the homeless population, attributing homelessness to mostly personal causes. On the other hand, well-educated, politically liberal and black participants were predictors of more favourable attitudes, attributing the cause of homelessness to structural factors. However, these findings may be unique to Nashville's population as differences across cultures may influence results (Media General, 1989; Lee, Jones, & Lewis,1990). Research conducted in the in the UK found high income levels linked to more negative attitudes, and lower income participants expressed more favourable attitudes towards the homeless population (Furnham.,1996). As mentioned above there has been findings highlighting the differences in attitudes between countries (Toro et al., 2007; Helvie, & Kunstmann, 1999). This suggests diverse cultures, specific government policies, or whether a country's society is more individualistic or collectivistic may all be factors that influence attitudes towards the homeless population. In addition, this stresses the need for research on attitudes towards the homeless to be conducted specific to each country (Petit et al., 2019). Furthermore, comparative studies have shown change in attitudes over periods of time (Tompsett., 2006; Tsai et al., 2017), with results suggesting overall attitudes becoming more favourable and compassionate towards homelessness. Although, in recent years, in some American states, the public have been in favour of policies and laws that are counterproductive to homeless individuals, including the banning of panhandling (asking the public for money) and sleeping in public parks, benches or in vehicles (Clifford & Piston, 2017). Nonetheless, it is important to measure public attitudes regularly in line with population and societal changes.

Exposure to Homelessness – The Contact Hypothesis

The contact hypothesis proposed by Allport (1954) suggests that quality contact with outgroups can result in holding more positive attitudes towards each other. This is said to be achieved by reducing

prejudice towards others as it sheds light on the fact that these people have “objectifiable qualities” that are similar to their own. Allport’s findings influenced many studies to research intergroup relationships and the contact hypothesis. Most studies focused on interracial contact (Ben-Ari & Amir, 1986; Jackman & Crane, 1986; Schofield, 1986; Sigelman & Welch, 1993; Ellison & Powers, 1994; Dixon & Rosenbaum, 2004; Hunt, 2007). However contemporary research has studied the positive effects of contact exposure between alternative intergroup relations such as attitudes towards people who have physical disabilities (Makas., 1993; Yuker., 1988), a mental illness (Desforges et al. 1991; Link and Cullen 1986), homosexual individuals (Herek and Capitanio 1996), and people with acquired Immune deficiency disease (AIDS) (Werth and Lord 1992). Meta-analyses carried out by Pettigrew and Tropp (2000, 2002) further demonstrate the effects of contact are valid and reliable in the absence of optimal conditions and regardless of form of data collection. Some research has studied the contact hypothesis, in relation to housed individuals and homeless individuals.

However, Lee, Farrell, and Link (2004) conducted a study that highlighted the deficiencies of the contact hypothesis, in relation to the contact element focusing heavily on face-to-face interaction. Lee et al. (2004) state contact can be seen in different ways and could be specified into observation or information about an outgroup (through educational seminars, conversations with friends, tv programs etc.), interpersonal contact or even membership of a certain outgroup. Previous research indicates all types of contact are sufficient in changing attitudes. For instance, educational seminars about homelessness given to nurses (Loewenson, & Hunt, 2011) and medical residents (Buchanan, Rohr, Stevak, & Sai, 2007) have resulted in significantly more positive attitudes towards the homeless population, which has been found to significantly contribute to better quality of care and equality treatment for homeless individuals (Zrinyi, & Balogh, 2004). A recent study presents how a module about homelessness incorporated into Master of Social Care in California was successful in improving students’ attitudes towards the homeless population (Gallup et. al., 2022).

Experimental studies that measured students' attitudes towards the homeless before and after engaging in face-to-face interaction with a homeless people resulted in reducing stereotypes, with participants far less likely to attribute personal causes to the root of homelessness (Buch & Harden., 2011; Knecht, & Martinez, 2012). Finally, results from people who have experienced homelessness themselves had significantly more compassionate attitudes and highly associated structural factors for the cause of homelessness (Agans et al., 2011; Toro & McDonnel, 1992). One study also noted people with experience with homelessness regarded homelessness as a more serious problem in their area, claimed to have seen homeless people more often, and engaged in more conversations about homelessness (Toro et al., 2007).

The Current Study

From previous research it is evident attitudes can have a great influence on homeless people's lives. Studies have presented a significant link between countries with positive attitudes towards the homeless and their social welfare systems being more efficient in supporting homeless individuals (Burkhardt, Martin, Mau, & Taylor-Gooby, 2011; Toro et al., 2007). Negative attitudes towards the homeless population can contribute to homeless people experiencing low self-esteem, withdrawing from services (Anderson et al. 1994; Roschelle and Kaufman 2004; Snow and Anderson 1987, 1993) and difficulty integrating back into society (Yanos et al., 2004). There is some evidence from research on demographic factors as predictors of attitudes, however there are inconsistencies across studies (Furnham,1996; Lee, Jones, & Lewis., 1990; Phelan, Link, Stueve & Moore, 1995). The contact hypothesis proposes that contact results in more favourable attitudes towards members of outgroups (Allport, 1954). Contemporary research has further expanded on the contact hypothesis by specifying different types of contact relevant to influencing attitudes e.g information/observation and face to face interaction. This has been studied in the context of measuring levels of exposure and attitudes towards the homeless

population (Lee, Farrell & Link., 2004). However, to the researcher's knowledge there is no existing research of attitudes and exposure levels in the Irish population. Numerous studies have been conducted that highlight attitudes towards the homeless population have significantly differed across countries (Helvie., & Kunstmann., 1999; Petit et al., 2019; Toro et al., 2007; Toro., & Rojansky.,1990) Thus, to gain better understanding, research conducted specific to each country is strongly suggested (Petit et al., 2019).

The current study will investigate if exposure levels, gender, age, yearly family income and levels of education are predictors of attitudes towards the homeless population in an Irish context. Attitude scores measured by the Attitudes Towards the Homeless Inventory (ATHI) will be compared between people with high levels of face-to-face interaction with the homeless population (people who have worked/volunteered in homeless services) and people who have not. This study aims to provide a better understanding of attitudes and what may predict certain attitudes towards the homeless individuals in an Irish population. Ultimately this will result in a better understanding, which can help shape future policies, interventions, and education to promote more favourable attitudes, thus leading to better outcomes for homeless individuals.

The aims produce the following research questions and hypotheses:

Research Question 1: Will there be a difference between male and female's attitudes towards the homeless population?

Hypothesis 1: There will be a difference in attitudes towards the homeless population between make and females.

Research Question 2: Is there a difference in attitudes towards the homeless population in Ireland between people who have worked/volunteered in homeless services compared to people who have not?

Hypothesis 2: There will be a difference in attitudes towards the homeless population in people who have worked/volunteered in homeless services compared to people who have not.

Research Question 3: How much of the variance in ATHI scores can be explained by gender, age, family income levels, education status and levels of exposure to homelessness, and which of these variables is the strongest predictor of attitudes towards homelessness?

Hypothesis 3: Gender, age, family income levels, education status and levels of exposure to homelessness will be predictors (will predict?) that influence ATHI scores (attitudes towards homelessness)

Methodology

Participants

The sample of the current study consists of 241 participants 59 of which were male and 182 of which were female. Participants age ranged from 18 – 81 years with the mean age at 42.5 years (SD= 14.882). All participants in the current study were 18 years or over and living in Ireland. 72 participants reported to have worked/volunteered in homeless services and the remaining 169 participants reported to have never worked/volunteered in homeless services. Participants were recruited through both purposive and convenient snowball sampling. The survey link was distributed with a brief description of the study amongst the researcher's friends and family WhatsApp group chats. Participants were also welcomed to send the link far and wide to anyone eligible to take part in the study. In efforts to recruit participants who have worked/volunteered in homeless services, a number of homeless organisations were directly approached via email, these included Peter Mcvery Trust, The Dublin Simon Community, DePaul, DaisyHouse, MerchantQuayhouse and Capuchin Day Centre. The email outlined the aim of the study was to investigate attitudes towards the homeless population in Ireland, looking for people who have worked/volunteered in homeless services to participate. It highlighted that the current study was

approved by the NCI ethical board on the conditions that written consent was obtained from the organisation, stating contact had been made in relation to the potential recruitment of participants from the organisation (See appendix A and B). Two participants were recruited from this approach. No incentives were given for the participation in this current study (See appendix A).

Hierarchical regression analysis was performed in order to investigate research question 3. G*Power: Statistical Power Analyses (Faul, Erdfelder, Buchner, & Lang, 2009) was used to determine the sample size required for a statistically powerful analysis. Results concluded that a minimum of 59 participants were required to achieve 95% chance that r-squared value would significantly differ from zero, Thus, the current study has recruited an efficient amount of participants.

Design and Data Analysis

A quantitative cross-sectional design was implemented in this current study. Independent (predictor) variables included age, gender, area of living and exposure levels to the homeless population. The dependent (criterion) variable was atttiudes towards homeless Inventory (ATHI) Scores. To test Hypothesis 1, a between group design was implemented as differences in attitude scores were compared between 2 groups (Male/female). A between group design was also implemented for hypothesis 2 to compare attitude scores between 2 groups (worked/volunteered in homeless services vs not worked/volunteered in homeless services).

Materials

Demographics

Participants were asked 7 demographic questions as these were used as independent variables in the study analysis. Participants gender, age, level of education, employment status,

yearly family income, area of living, and if they have ever worked/volunteered in homeless services were recorded (see Appendix C).

Attitudes Towards Homeless Inventory (ATHI) Measure

Attitudes towards the homeless were measured using 'Attitudes towards Homelessness Inventory' (ATHI) (Kingree & Daves, 1997) see Appendix E. This 11-item multidimensional instrument was derived from the existing body of research on homelessness, stigmatization, causal attribution, and attitudes towards mental illness which influenced the four subscales within this inventory, personal causation, structural causation, affiliation, and solutions. Four studies were conducted to provide preliminary validation to the ATHI. A factor and reliability analyses conducted in study 1 reduced an initial 27 item instrument to an 11-item instrument with 4 subscales, as well as providing construct validity demonstrating the correlation between subscales and demographics. Study 2 and 3 provided repeat validation for both factor structure and relations between subscales and demographic factors. In addition, studies 2 and 3 provided further construct validity, demonstrating items were related to psychological constructs on personality, attitudinal variables, and prior homelessness. Finally, study 4 provided predictive validity, exhibiting that ATHI could measure change in attitudes towards homeless. The Cronbachs alpha was (a = .606).

The 'Attitudes Towards Homeless Inventory' consists of 11 items to be answered on a 6-point Likert scale which gave the following options to respond to each statement. 1-strongly agree, 2- agree, 3-unsure but probably agree 4- unsure but probably disagree 5- disagree 6-strongly disagree. As previously mentioned, There are four subscales within this questionnaire which include (a) Personal Causation, (b) Structural Causation, (c) Affiliation and (d) Solutions. When scoring subscales individually higher scores indicated more favourable attitudes towards

the homeless population and lower scores implied more stigmatizing attitudes. Items 1,2, 3,4,7,8 and 9 are reversed scored as follows (6 = 1) (5 = 2) (4 = 3) (3 = 4) (2 = 5) (1 = 6) Personal Causation (PC) derived by averaging responses to items 1,7 and 8 measured the extent to which people attribute personal factors to the cause of homelessness. E.g. Most homeless persons are substance abusers. (b) Structural Causation (SC) derived by averaging responses from items 2,3, and 9 measured the extent to which structural causes are attributed to homelessness e.g. The low minimum wage in this country virtually guarantees a large homeless population. (c) Affiliation (AFFIL) derived by averaging items 4 and 10 assessed the level of comfort in which an individual will affiliate with the homeless. E.g. I feel uneasy when I meet homeless people. Lastly (d) solutions (SOLNS) derived from averaging items 5,6 and 11 assessed beliefs of viable solutions that could be implemented to tackle homelessness, e.g. There is little that can be done for people in homeless shelters except to see that they are comfortable and well fed.

In addition to the subscales being scored individually, the ATHI provides a total (TOT) overall score of attitudes towards the homeless with higher scores indicating a positive attitude e.g. attributing the cause of homelessness to structural causes and scoring higher on willingness to affiliate with homeless individuals, and lower scores indicating a more stigmatizing attitudes e.g. attributing the cause of homeless to personal factors and scoring lower in willingness to affiliate with homeless individuals. When calculating this (TOT) score, item 4, I would feel comfortable eating a meal with a homeless person was reverse scored for higher scores to correlate with positive attitudes, (SC) items 2,3 and 9 were also reverse scored to imply higher scores associated homelessness due to structural causes. Reversed scores are as follows (6 = 1) (5 = 2) (4 = 3) (3 = 4) (2 = 5) (1 = 6). Items 1,6,7,8,10,11 were not recoded, e.g., higher PC scores indicate Personal causes are not the cause of homelessness. This survey was chosen in this study

as it is a validated instrument and has successfully measured attitudes in previous studies. One study that compared the ATHI and the ATHQ measuring medical student's attitudes towards the homeless found that ATHI was 4 times more sensitive in measuring student's changing attitudes after an educational workshop (Buck et al., 2005)

Exposure Levels

Exposure to homelessness scale, a 6 item self-report measure, was used to determine participants level of exposure to the homeless population in Ireland. This exposure level measure was a subscale extracted from a larger questionnaire from a previous study by (Tsai et al., 2019) that also measured other variables in which were not of relevance to this current study. The Cronbach's alpha was (a =.666). Participants read six statements and clicked the response most applicable to them from a 3-point Likert scale. See Appendix D. Possible scores could range from 6-18 with higher scores indicating higher levels of exposure to the homeless population. an example of item 2) Frequency you see homeless persons in your neighbourhood 1) never/seldom 2) sometimes 3) Often. Item 3 and 4 were slightly adjusted so the wording of the statement was more appropriate in an Irish context, therefore the word panhandled, panhandling was removed from the statement to avoid potential confusion.

Procedure

An online google forms was created which included the participation information sheet, consent form, demographics form, exposure level scale, the ATHI, and a debriefing form. The current study collected data through an online questionnaire created on google forms. The survey was posted into a number of the researcher's friend and family WhatsApp group chats with a brief description of the study, who was eligible to take part and welcomed the link to be shared to others who may be interested. Upon approval from the NCI ethical board, Irish homeless

organisations were also contacted through email with the intention of recruiting participants who have worked/volunteered in homeless services. The email informed organisations about the current study. It stated the study has been approved by the ethical board on the conditions written consent from organisations was received by the researcher's supervisor, confirming the researcher had contacted the organisation in relation to distributing the survey link amongst volunteers/employees, (Appendix A) Attached to the email was a document from the NCI Ethical Board as evidence of pending ethical approval (Appendix B). If participants chose to take part, once the link was clicked, participants were provided with an information sheet. See Appendix F. Information included what the study was about, informed participant's involvement required filling out a demographics form, an 11 item attitudes scale (ATHI) and a 6-item exposure scale, that consent had to be obtained before proceeding, it would take approximately 5 mins to complete and all responses were anonymous and unidentifiable. Researcher's contact details were provided if participants had any further questions or concern. Next, Participants were presented with a consent form outlining by clicking 'next' participants have acknowledged and understand the nature of the study, there was no obligations to complete or submit their answers, and that responses are anonymous and once submitted a participant's data cannot be retrieved, see Appendix G. Participants who proceeded then filled out a 7 item demographics form, collecting data on gender, age level of education, area of living, level of education, employment status, family yearly income, and if participants had experience or no experience working/volunteering in homeless services, (Appendix C). Once complete levels of exposure to homeless population was recorded. Instructions informed participants to read each statement and click from the three options what was most applicable to them (see Appendix D). Next participants completed the attitudes towards homeless inventory (ATHI) 11 item measure. Each

statement had 6 response options ranging from strongly agree – strongly disagree (Appendix E). Finally, for responses to be recorded, participants were required to click the 'submit button' displayed at the bottom of the screen. A debriefing sheet thanked participants for completing the survey, provided researcher's and supervisor's contact details for any further queries, and listed some mental health lines in case participation resulted in any psychological stress, See Appendix F. Once the researcher was satisfied with the number of participants, responses were no longer accepted, and the data collected from the survey was extracted to excel to be then converted onto an SPSS file where data analysis began. The storage of data was stored safely and securely by the researcher, in line with ethical guide lines. Level of education, gender, and income levels were categorical variables that were dummy coded to be included in multiple regression analysis.

Results

The current data is taken from a sample of 241 (n=241) participants, consisting of 182 females (75.5%) and 59 males (24.5%). Participants age ranged from 18 to 81years with the mean age at 42.5 years. A large proportion of the sample were employed 84.2% (n= 203) and had a third level education 85.1% (n = 205), 15.8% (n=38) of participants were unemployed and 14.5% (n=35) had a secondary level education, with a remaining .4% (n=1) having primary level education only. Over half of the sample lived in a large city with a population over 10,000 50.2% (n =121), the remaining participants lived in either a suburb 26% (n= 63), a rural town 9.5% (n= 23), a small town 8.3% (n=20) or a small city 5.8% (n=14). Yearly Family income levels were reported as follows, 1.2% (n=3) of the sample's family Income was less than 10,000, 7.1% (n=17) was between 10,000 -29,000, 21.2% was between (n=51) 30,000-49,000, 14.9% (n=36) of the participants family income was between 50,000-69,000 and 55.9% (N= 134) of participants family income came to more than 70,000. From the current sample of participants,

70.1% (n=169) were people who have not worked/volunteered in homeless services, and 29.9% (n=72) were people who have worked/volunteered in homeless services. The 2 continuous variables from this current study include measured levels of exposure towards the homeless population and attitudes towards the homeless population, the table below provides mean, standard deviation minimum and maximum scores for these variables.

Table 1 Descriptive statistics for continuous variables

	mean	median	SD	Skewness	Kurtosis	Range
Levels of exposure	13.03		2.384	-.324	-.320	7-18
Attitudes towards Homeless	46.96		6.58409	-.133	-.235	29-62
Age	42.5		14.228	-.023	-1.074	18-81

Hypothesis 1

Levene's test for equality of variance was non-significant for attitudes towards homeless in different groups males and females (p=.715) therefore the data does not violate the assumption of homogeneity. Tests for normality reveal normal distribution for the two variables sex and attitude scores. An independent t-test was conducted to compare males and female's attitudes towards homeless scores. Results reveal there was a significant difference in scores, with female scores (M=47.6124, SD=.48563) showing significantly higher scores on the ATHI measure

(M=45.00, SD=.85439), t (235) = -2.675, p= .008 (two tailed). The magnitude of means (mean difference = -2.612,95% CI: -4.536 to -.688) was moderate (Cohen's d = 0.4). (Cohens, 1988).

Hypothesis 2

Preliminary analysis of the data indicated the categorical variable worked/volunteered homeless services vs not worked/volunteered with homeless services were not normally distributed (Shapiro-Wilk, $p < .05$). It was therefore necessary to use the non-parametric test, the Mann Whitney U-test, rather than independent t-test. Results reveal there was a significant difference in scores between groups. Group 1-people who have worked/volunteered in homeless services (Md= 50.5, n = 72) scored significantly higher on total ATHI , which indicates more favourable attitudes towards the homeless population than group 2-people who have not worked/volunteered in homeless services (Md = 46, n =165), U =4058.500, z= -3.882, $p < .001$, r = 0.25 close to a medium effect size (Cohen, 1988).

Hypothesis 3

Multiple regression was performed to investigate levels of exposure to homelessness, age, gender, and family income levels on predicting ATHI scores. Dummy coding variables, reference categories for the following were, female, third level education and 50,000-69,000. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity and homoscedasticity. The correlation between predictor variables were also analysed, all correlations were weak and did not violate the assumption therefore no variables were omitted as it was unlikely multicollinearity to be a problem. As there were no theoretical grounds for variables to be assessed sequentially, all variables were entered simultaneously and a standard multiple regression was conducted. The 4 variables explained 11.5% of variance in attitude scores. The final model indicates that gender and exposure levels were the only significant

predictor of attitude towards homeless scores. Indicating that being a male is a predictor of lower scores on attitudes the homeless population and being a female predicted higher attitude scores. Higher exposure to homeless scores was a predictor of higher attitude scores.

Table 2 multiple regression model predicting attitudes towards homeless population

Variable	R^2	B	SE	β	*t*	*p*
Model	11.5	.				
Exposure levels		.722	.177	.262	4.125	<.001***
Age		.014	.030	.031	.479	.633
Maledummycode		-2.453	.975	-.161	-2.5137	.013*
Primaryleveldummycode		-2.390	6.404	-.024	-.373	.709
Secomdaryleveldummycode		.408	1.240	.022	.329	.743
Familyincomeless10k		4.761	3.965	0.81	1.201	.231
Familyincome10to29k		-1.238	1.882	-.049	-.658	.511
Familyincome30to49k		1.093	1.413	-.068	-.773	.440
Familyincome70k		-1.580	1.216	-.119	-1.299	.299

Note: *Note*. R^2 = R-squared; β = standardized beta value; B = unstandardized beta value; SE = Standard errors of B; N = 67; Statistical significance: *$p < .05$; **$p < .01$; ***$p < .001$

Discussion

The aim of the current study was to gain a better understanding of the attitudes towards the homeless population in an Irish context. The study aimed to investigate if gender, income levels, education status, and levels of exposure to homelessness were predictors of ATHI scores. It also sought to compare ATHI scores between male and female participants and people who have worked/volunteered in homeless services and people who have not. The existing research supports levels of exposure can influence attitudes and has been widely tested across various outgroups (Ben-Ari & Amir, 1986; Desforges et al. 1991; Herek and Capitanio 1996; Makas, 1993; Werth and Lord 1992, including the homeless population (Lee et al., 2004; Knecht, and Martinez, 2009). Exposure can be specified into information/observation, face to face interaction, and membership (Lee et al., 2004). The simple contact hypothesis supports the notion that all forms of exposure result in favorable attitudes, in this context it means expressing a stronger association with structural factors as the cause of homelessness rather than personal attributes. However, results from some studies have highlighted that face-to-face interaction and better quality contact may be a stronger predictor of influencing positive attitudes (Cook, 1978; Keith, Bennetto and Rogge, 2015, Lee et al., 2004; McManus, Feyes and Saucier, 2011;Stephan 1987) Previous research has found in relation to gender, females hold more favourable attitudes towards the homeless than males (Phelan, Link, Moore and Stueve, 1997; Toro and McDonell, 1992; Tompsett, Toro, Guzicki, Manrique, and Zatakia, 2006). Other demographics that have resulted in differing attitudes towards the homeless include education level, age, income, and political views. However, there are inconsistencies with conflicting results in the present in the literature (Furnham, 1999; Lee, Jones, and Lewis;1990; Petit et al., 2019; Toro and McDonell, 1992). With this research considered, three hypotheses were constructed.

In support of the first hypothesis, results showed there was a significant difference between male and female ATHI scores. Female scores were significantly higher than males indicating female's attitudes were more favourable towards the homeless population than males. This is consistent with previous findings, (Phelan, Link, Moore and Stueve, 1997; Toro and McDonell, 1992; Tompsett, Toro, Guzicki, Manrique, and Zatakia, 2006). To the researcher's knowledge, there are no studies further examining why females and male's attitudes differ in this context. However, two studies state sympathetic personality was a predictor of more favourable attitudes towards the homeless population (Agans et al., 2011; Tompsett et al., 2006). There is consistent research providing evidence of significantly higher sympathy and empathy in females than males, which perhaps could be a contributing factor in differing scores between male and females (Davis-Dubois, 1936; Mestre, Samper, and Tur, 2009; Rueckert and Naybar, 2008)

Results provided support for the second hypothesis, revealing a significant difference between ATHI scores between people who have worked/volunteered in homeless services (group 1) and people who have not (group 2). possible scores to receive on the ATHI range from 11- 66, with higher scores indicating more favourable attitudes, there was a median score difference of four between groups, with group 1 median scores 50.5 and group 2 median scores 46. These current findings further contribute to research stating higher levels of exposure results in positive attitudes towards the homeless population. Obtaining higher scores on the ATHI is associated with 1) willingness to attribute oneself with a homeless individual and feeling comfortable in their presence. 2) associating the cause of homelessness less with personal causes. 3) attributing the cause of homelessness more to structural causes 4) and presenting a more positive approach when assessing possible solutions.

Addressing hypothesis 3, The final model accounted for 11.5% variance in ATHI scores, however the only significant predictors of the model were levels of exposure and gender. Higher levels of exposure predicted higher ATHI scores. Identifying as male predicted lower scores in ATHI and identifying as Female predicted higher scores on ATHI which reflects what was found in hypothesis 1. As all variables were not significant predictors of ATHI scores, results did not support hypothesis 3. However, level of exposure was the strongest predictor of attitudes scores, confirming hypothesis 3's assumption. Research that finds level of exposure as a predictor for more favourable attitudes has been consistent across countries and regions (Petit et al.,2019; Tsai et al., 2019) The current findings further confirm this to be evident in Ireland. Results revealed education status, age, and income levels were not significant variables in predicting attitudes towards the homeless population. Although this is not what the hypothesis assumed, nonetheless, it provides insight into further understanding homeless attitudes in Ireland. These results are contrary to earlier findings by (Tompsett et al., 2001) that found higher education was a significant predictor of negative attitudes towards homeless individuals. Results also did not support Lee, Jones, & Lewis, (1990) conflicting findings that stated level of education predicted more favourable towards homeless individuals. Current results again differed from two studies (Furnham.,1996; Tsai et al, 2019) which presented lower income levels predicted favourable attitudes toward the homeless population. However, studies mentioned were conducted in the USA, findings of a recent study conducted across European countries reported no demographic variables impacting attitudes towards homelessness. This further emphasizes the differences in attitudes towards the homeless in each country, and the importance of the research conducted.

Implications

When interpreting results in a practical sense, the results point to an efficient strategy that could influence better attitudes towards the homeless population. As the number of homeless people in Ireland is constantly rising, it is vital, that any influence the publics attitudes have on future solutions, policy, funding, or providing services are positive and proactive. This study provides evidence that people who have had higher levels of face-to-face interaction with homeless people (worked/volunteered in homeless services) have more favourable attitudes towards them. This knowledge gives reasoning to promote and start up potential volunteering initiatives or environments that encourage homeless and housed individuals to interact with each other.

Potential strategies to achieve this; As part of transition year in secondary schools, volunteering with the homeless population could be incorporated into the school year. This could be presented in ways such as organized soup runs in the city, volunteering in a homeless shelter or being involved in activities in homeless day centers. This also could be integrated into businesses and companies that promote community action and sponsor employees involved in charity work.

Previous research on community gardens has not only highlighted the physical and psychological benefits (Egli, Oliver and Tautolo, 2016; Gregis et al., 2021, Kaplan, 2001), the environmental advantages (Flachs, 2010; Irvine, Johnson and Peters, 1999; Makinson, Threlfall and Latty, 2017; Okvat and Zautra, 2011) and the gardening skills learned (Ober et al., 2008), but also its ability to aid social integration (Firmbach, 2022) build community relationships (Glover, Parry and Shinew, 2005) and promote social inclusivity (Ohmer, Meadowcroft, Freed and Lewis, 2009). Community Gardens have been used to help immigrants settle into a new area, making new friends and being involved in a community goal (Strunk and Richardson, 2019).

Community gardens have also assisted people with disabilities to be involved in the wider community (Yotti'Kingsley and Townsend, 2006). Perhaps, Ireland could use community gardens as a strategy for homeless and housed individuals to be involved in an activity that supports intergroup relationships.

Furthermore, higher exposure levels were found to be a significant predictor of better attitudes towards the homeless population. As information known about homelessness is also accounted as exposure, it could be suggested that information seminars educating the public about homelessness may result in more favourable attitudes. One study discussed previously, showed the success of a newly designed module about homelessness in bettering attitudes of students in a master's degree of social Care (Gallup et. Al., 2022). Other information-based interventions on homelessness provided to a range of health care professionals, found better attitudes after completing the seminar (Buchanan, Rohr, Stevak, & Sai, 2007; Loewenson, & Hunt, 2011). Future studies could focus on creating a suitable seminar for the Irish public to address homelessness, which could feature in schools, colleges, workplaces etc.

Strengths and Limitations

There are some limitations of this study that are important to note when interpreting results. As the study collected data on public attitudes, social desirability bias may have resulted in some participants altering their responses to display more favourable attitudes. However, the anonymity of how the data was collected (anonymous survey) generally allows for more authentic responses. The cross-sectional design of the study allows only to surmise associations, not causal inferences. A cross-sectional design was implemented due to limited funds and lack of time, Future research would benefit from implementing a experimental longitudinal design and measure attitudes before and after participants take part in volunteering with the homeless population. Although the sample size reached was acceptable according to Tabachnik and Fidell's (2013) the relativity small sample size (N=237) limits the generalizability of

results. The scale used to measure exposure levels, consisted of 6 items. This may have not been detailed or sensitive enough to capture full insight into the participant's exposure levels. Future studies should investigate this further and perhaps a new detailed exposure scale could be created and tested in comparison. A strength evident in the current study is the wide age range of participants, participants age ranged from 18 years to 81 years with median range 42.5 years, this allows for a broader perspective than some studies who have solely collected data from a college student population (Buck, 2005).

Conclusion

The current study highlights the positive and negative impact society's attitudes can have on the homeless population and discusses the importance of further understanding attitudes towards the homeless population in an Irish context. This research expands the understanding on the relationship between contact exposure and attitudes towards the homeless population in an Irish context. The study provides support to existing research which has found contact exposure (in this case, people who have worked/volunteered in homeless services) is associated with more favourable attitudes towards the homeless population. As differences across countries exist, some clarity is provided in relation to demographic variables and whether they predict attitudes in Ireland. Finally, broader implications of the study are discussed and future interventions are suggested. Future studies should employ more experimental longitudinal designs to enable more causal inferences.

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Appendices

Appendix A

Email to Homeless Charities

Dear

I hope this email finds you well,

I'm a final year student from National College of Ireland and I am writing to you in relation to my final year project. Homelessness is a cause I care deeply about. And for my final year project, I hope to understand individuals' attitudes towards the homeless population and if contact exposure influences the public's attitudes towards people who are homeless. To investigate this, I am measuring people's attitudes and exposure levels to the homeless population through a standardized survey. To compare high and low levels of exposure to people who are homeless, I am asking if it is possible for volunteers and employees from [ORGANISATION TITLE]to be recruited to take part in this study. It is an online survey that takes no more than 10 minutes to complete. All participants' submissions are completely anonymous and unidentifiable once submitted.

My final year project has been approved by the National College of Ireland Ethical Board and I have confirmed I have read the NCI Ethical guidelines for research with human participants, along with the Psychological Society of Ireland code of ethics.

If it is possible to recruit participants from [ORGANISATION TITLE] my supervisor must receive an email that I have received consent from the organization, attached is an ethical approval letter outlining this. And I would ask if you could email either colm.lannonboran@ncirl.ie confirming I have contacted you in relation to recruiting participants from [ORGANISATION TITLE].

If you consent to the recruitment of participants, I would greatly appreciate if you could share the link to my study with volunteers and employees of [ORGANISATION TITLE] informing them this survey is measuring attitudes towards the homeless population in Ireland. Here is the link to access the survey https://forms.gle/6KZeEiC6CYeD5GFRA

If you have any questions at all, please do not hesitate at all to contact me. Email; x18449136@student.ncirl.ie or ellacrowley567@gmail.com

Appendix B

Ethical Approval Pending Upon Agreement

National College of Ireland (NCI)
Mayor Street
IFSC
Dublin 1

DATE 05/07/2022

Re: Ethical Approval for Study

To Whom It May Concern:
This letter is to confirm that Ella Crowley has received conditional approval from the Ethics Filter Committee at NCI to carry out her study: Investigating the relationship between contact exposure and attitudes towards the homeless population in Ireland. Full ethical approval will be granted upon agreement/consent from you, at Feed Our |Homeless. The study is being carried out under the supervision of Colm Lannon-Boran If you have any further questions, please contact me at the email address below.

Best regards,

Dr Michelle Kelly (on behalf of the Ethics Filter Committee)
Lecturer in Psychology
National College of Ireland
Tel: + 353 1 6599256
Email: michelle.kelly@ncirl.ie

Appendix C

ATTITUDES TOWARDS THE HOMELSS POPULATION

Demographic Form

What is your gender?

Male

Female

Other

What is your age?

What is your level of education?

Primary

Seconday

Third level

What is your Family income?

Less than 10,000

10,000-29,000

30,000-49,000

50,000-69,000

More than 70,000

Are you currently employed?

Yes

No

Please indicate what best describes where you live.

Large city 10,000 more

Small city

Suburb

Small town

Rural town

Have you ever volunteered/worked to provide services to homeless people?

Yes

No

Appendix D

Levels of Exposure to Homelessness

Exposure to Homelessness Questionnaire

The following items are designed to assess your exposure to homelessness. Please read each item and then indicate your level of agreement or disagreement with it by selecting one of the three response options. Please respond honestly and as accurately as you can manage. There are no right or wrong answers and your responses will be treated confidentially.

1. Homelessness in your community is:

Not a problem

Small problem

Large problem

2. Frequency you see homeless person in your neighborhood:

Never/seldom

Sometimes

Often

3. Expectation about number of homeless individuals in next 5 years:

Decrease

Stay about the same

Increase

4. Frequency a homeless beggar asked you for money in past year:

Never/rarely

Approximately 10 times

More than 10 times

5. Frequency you donate to homeless beggars.

Never/rarely

Sometimes

Almost always

6. Average number of homeless people seen weekly:

None

1 to 10

Over 10

Appendix E

Attitudes Towards the Homeless Inventory (ATHI)

ATHI

The following items are designed to assess your attitudes about homelessness. Please read each item carefully and then indicate your level of agreement or disagreement with it by circling one of the six response options. Please respond honestly. There are no right or wrong answers and your responses will be treated confidentially.

1. Homeless people had parents who took little interest in them as children.

Strongly agree

Agree

Unsure but probably agree

Unsure but probably disagree

Disagree

Strongly disagree

2. Recent government cutbacks in housing assistance for the poor may have made the homeless problem in this country worse.

Strongly agree

Agree

Unsure but probably agree

Unsure but probably disagree

Disagree

Strongly disagree

3. The low minimum wage in this country virtually guarantees a large homeless population.

Strongly agree

Agree

Unsure but probably agree

Unsure but probably disagree

Disagree

Strongly disagree

4. I would feel comfortable eating a meal with a homeless person.

Strongly agree

Agree

Unsure but probably agree

Unsure but probably disagree

Disagree

Strongly disagree

5. Rehabilitation programs for homeless people are too expensive to operate.

Strongly agree

Agree

Unsure but probably agree

Unsure but probably disagree

Disagree

Strongly disagree

6. There is little that can be done for people in homeless shelters except to see that they are comfortable and well-fed.

Strongly agree

Agree

Unsure but probably agree

Unsure but probably disagree

Disagree

Strongly disagree

7. Most circumstances of homelessness in adults can be traced back to their emotional experiences in childhood.

Strongly agree

Agree

Unsure but probably agree

Unsure but probably disagree

Disagree

Strongly disagree

8.Most homeless persons are substance abusers.

Strongly agree

Agree

Unsure but probably agree

Unsure but probably disagree

Disagree

Strongly disagree

9. Recent government cutbacks in welfare have contributed substantially to the homeless problem in this country.

Strongly agree

Agree

Unsure but probably agree

Unsure but probably disagree

Disagree

Strongly disagree

10. I feel uneasy when I meet homeless people.

Strongly agree

Agree

Unsure but probably agree

Unsure but probably disagree

Disagree

Strongly disagree

11. A homeless person cannot really be expected to adopt a normal lifestyle.

Strongly agree

Agree

Unsure but probably agree

Unsure but probably disagree

Disagree

Strongly disagree

Appendix F

Participation Form

An investigation into the Relationship between Contact Exposure and Attitudes Towards the Homeless in an Irish Population.

You are being invited to take part in my current research study. Participation in this study would be greatly appreciated as it is part of my psychology degree. If you are considering taking part, please take a few minutes to read this information sheet, explaining the purpose of the study and what is required of you for participation. If you have any further queries or questions, please do not hesitate to contact me via email with the contact details below.

What is this study about?

As part of our final year studying a BA in psychology in National College of Ireland, we are required to carry out independent research project on a topic we find interesting. This research will investigate levels of contact exposure and people's attitudes towards the homeless population in Ireland. I am hoping to achieve this by recruiting participants that have both high levels and low levels of contact exposure with homeless people and measure the attitudes they hold toward them.

What will taking part in the study involve?

If people are interested in taking part in the current study, a google document link will be available on social media platforms or can be sent through email. This google document will include a consent form, and relevant questionnaires to be filled out for the study. Participation in

this study will require participants to fill out, demographic survey, contact exposure questionnaire and attitudes towards homeless inventory (ATHI). Completion of the study should take no longer than 15 mins, participants can complete this study at their own pace and when suits them best. There is no time limit or fixed time for completion.

Who can take part?

Anyone over the age of 18 living in Ireland are welcome to participate in this study.

Do I have to take part?

Participation is completely voluntary, and it is up to each individual whether they wish to participate or not. There is no incentive for participation other than solely being part of a research study. There is no consequences if you choose not to participate in this research. If you choose to take part but change your mind throughout the process, you can withdraw your information at any time up until the point of submission. Data is anonymous so once submitted; it cannot be withdrawn, as it will be unidentifiable from the other data.

What are the possible risks and benefits of taking part?

Taking part will contribute to research that helps us understand the attitudes we hold towards homeless people and if more contact exposure leads to more favourable attitudes. There is very little risk, taking part, but if this topic is a sensitive topic to someone, it may cause distress or overwhelm. If this happens to be the case please be reminded that there is no obligation to complete the survey and to stop if feeling distressed.

Will taking part be confidential and what will happen to my data?

Participation in this study will be anonymous, no identifiable information is required for participation, such as name address, phone number etc. Once data is submitted, it will not be possible to retrieve. All data collected is respected with strict confidentiality regulations. In accordance with NCI data retention policy, data will be kept for a maximum of 5 years and will be secured with a passcode that only the researcher and supervisor has access to.

What will happen to the results of the study?

The results of this study will be presented in my final year dissertation, which will be submitted to National College of Ireland. The research also aims to encourage implementation of voluntary work with helping the homeless in schools and communities in effort to improve attitudes.

Who should you contact for further information? Should you choose to take part, or if you have any further questions, please do not hesitate to contact me through email at; x18449136@student.ncirl.ie Thank you for taking the time to read!

Appendix G

Consent form

by clicking next you acknowledge that agreeing to participate in this research means that you understand the following:

If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage.

I have been informed as to the nature of the study and agree voluntarily to participate.

There are no known expected discomforts or risks associated with participation.

All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychology Department in the School of Business. No participant will be associated with their data and will not be identifiable at any stage of the data analysis or in the final report. Full anonymity is assured throughout.

At the conclusion of my participation, any questions or concerns I have will be fully addressed.

I am aware that once I submit my results, I am no longer able to withdraw my data.

By clicking next you consent to participation

Appendix F

Debriefing Form

*Please make sure to click submit at the bottom of this page if you wish for your responses to be included in this study**

Thank you for participating as a research participant in the present study concerning levels of contact exposure and attitudes towrds the homeless population in Ireland. The present study aims to determine if differing levels of exposure to people who are homeless influences our attitudes towards the homeless population.

Again, I thank you for your participation in this study and greatly appreciate your

contribution. If you know of any friends, family or acquaintances that would be interested in taking part in this study please feel free to share this link.

If you have any questions regarding this study, please contact the researcher at

x18449136@student.ncirl.ie

In the event that you feel psychologically distressed by participation in this study or were triggered by the sensitive topics covered in the survey questions, we encourage you to call any of the following numbers

The Samaratins: 116 123

Aware: 1800 804 848

NiteLine: 1800 793 793