

# **FOLLOW-UP STUDIES IN SPAIN**

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## **FOLLOW-UP STUDIES IN SPAIN**

In Spain, longitudinal studies of the homeless are very scarce. Only two research studies of this type have been carried out, both in Madrid and by the same research team. There are no longitudinal studies either in other cities or at a national level.

A different goal was intended when including assessments at different times in the two studies commented upon below.

Specifically, the first study is an attempt to depict the mobility profile of this population and the changes over time in their homelessness by means of the evaluation of the participants, and paying special attention to the aspects related to whether or not they achieved a stable home during the follow-up period.

The second study is related to the use of services, and the study participants are the users of programs for the homeless. In this case, we decided to include measurements at different points in time in order to analyze the changes over time of the homeless people involved in the programs.

In both longitudinal studies, the data was collected directly from interviews of the homeless, and no other records or any other kind of data was used, for reasons that will be explained below.

The studies are presented below, underlining follow-up-related aspects: goals pursued, strategies to locate the participants, differences between users who were assessed at follow-up and those who could not be located, etc.

### ***STUDY 1.***

The first follow-up study carried out in Spain is entitled *Differentiating psychological, social, and economic characteristics of people who are vulnerable to homelessness: Longitudinal analysis of high-risk samples (CAM 7250-97)* directed by Carmelo Vázquez and Manuel Muñoz.

This study falls within the framework of a series of projects that include various lines of qualitative and quantitative research about the situation and characteristics that affect the homeless in Madrid. The purpose of this research, of a quantitative nature, is chiefly to identify the causal and maintenance factors of homelessness (Muñoz, Vázquez, & Vázquez, 2003).

### **STUDY GOALS**

The following general goals are proposed for this study:

- 1) Updating valid and pondered sampling techniques that are appropriate for the special characteristics of the homeless population in Madrid.
- 2) Identification of the chief sociodemographic characteristics of this population group, and comparison of some of the more relevant aspects with data from a group of persons who are at risk of becoming homeless and, in some cases, with data from the general population.
- 3) Study of the role of various psychosocial factors in the prevalence of homelessness.
- 4) Assessment of the physical and mental health status, the use of substances and principal health habits of this population group, in comparison with the risk group and with data from the general population.
- 5) Analysis of this collective's assistential needs and its use of service.

- 6) Longitudinal approach to the homeless group, as commented previously, with the aim of analyzing the changes over time in the study participants, underlining the changes in their homelessness.

## **METHOD**

The study was carried out in the urban area of the city of Madrid, where the number of homeless persons is estimated to range between 1500 and 3000 persons. The research design was effected as a function of the data obtained by means of several studies and previous activities, which determined the development of instruments and subject selection, procedures, and places selected for sampling.

### ***Participants***

In the preparation phase, it became clear that a contrast group was needed that would match the homeless group in the socioeconomic variables so as to enhance the study of the impact of the psychosocial and health factors. Therefore, the sample was divided into two groups: a first group comprised of homeless persons and another group made up of persons at risk of becoming homeless.

The total sample of homeless persons was made up of 289 adults from the urban area of Madrid. People were considered to be homeless if they met the following criteria: they were over 18 years of age, and had spent the night before the interview in one or several of the following places: on the street, in shelters for the homeless, emergency centers, or places unfit for habitation (abandoned buildings, cars, subway stations, porches, tunnels, etc. ).

Regarding the risk group, comprised of 136 persons, we included people over 18 years of age who, despite having a place that could be considered a “home” (their own or a rented flat or house, boarding-house, shack, etc. ), used social soup kitchens or other resources for the homeless (public baths, clothing donation centers, etc. ).

### ***Domains assessed and instruments***

In addition to collecting the sociodemographic data, other domains were selected that were considered relevant after reviewing the literature and consulting with national and international experts in the area of the homeless. The following domains were assessed:

- Employment and economic resources.
- Physical health.
- Mental health and substance consumption.
- Life history.
- Vital events
- Social support.
- Usage of services
- Citizens’ rights and future expectations.

The instrument used in the investigation was designed as a structured interview and was the same one for both groups.

In the interview were also included the following standardized instruments:

*General Health Questionnaire (GHQ)* (Goldberg, 1978). This questionnaire assesses the person’s general health status. It focuses on deterioration of normal

functioning more than on traits present throughout life. The 28-item version was used (Goldberg, 1996).

*CAGE Alcohol Interview Schedule* (Mayfield, McLeod, & Hall, 1974; Edwing, 1984). This is a rapidly administered and simple instrument designed for alcohol abuse screening. It is made up of four questions with two response alternatives (Yes/No) and a score of 2 or more is considered clinically significant.

In addition to the standardized instruments, some questions from other studies, among them the *Survey of Health and Well-Being among People with Housing Needs* (Meltzer, 1994), the *Enquête n°142* (Institut National D'Etudes Demographiques; Marpsat, 1995), the *Course of Homelessness Study* (Koegel, 1995), etc., were also used.

After the interview, and with the aim of being able to locate the interviewees who agreed to participate in the follow-up, all the data that might facilitate their localization were requested: name, nickname, customary haunts, family's address, contact phone numbers, etc.

The time required to administer the structured interview was approximately 1 hour.

## ***Procedure***

### *Sampling setting and strategies*

Before carrying out the fieldwork, it was considered necessary to develop a series of actions aimed at compensating for deficiencies observed in former works and guaranteeing the representativeness and validity of the current study. Thus, a sampling strategy was developed which took into account all the services proportionately, corrected the possible biases due to the weekday, established a level of representativeness from a pilot night or "S night" (sampling the streets on a certain night) and corrected the results by means of a double pondered system.

As a function of the data collected during the "S night", the two sampling settings that showed a better cost/benefit relationship were selected: shelters for the homeless and social soup kitchens. The use of both sampling settings was calculated to allow access to 97% of the homeless people in Madrid. The size of the sample was calculated from the universe of services per day offered by the various city resources. By means of a generic formula to obtain a random sample for finite populations, the recommendable sample size for a confidence level of 95% was established at  $n = 300$ . The assignment results indicated that 54% of the interviews of homeless people should be carried out in shelters and 46% in social soup kitchens.

### *Sampling of resources and selection of interviewees*

Once the number of interviews to be performed at each center and each resource was known, the selection of each of the persons to be interviewed was carried out randomly. The first data collection was performed on 28 consecutive days during February-March of 1997. A supervised team of Psychology undergraduates from the last courses specifically trained for the task was employed as interviewers. Once the person was selected, the interviewer initiated contact, confirmed the sample inclusion criteria, and requested consent. The percentage of refusals was approximately 30%. The interviews were generally performed in offices or comfortable and private places provided by the resources. Two hundred and eighty-nine interviews were carried out (54.3% in shelters and 45.7% in soup kitchens).

All the interviews were carried out anonymously to protect the privacy of the data. However, in order to carry out an eventual follow-up process, after the interview, the interviewees were asked to provide data to facilitate locating them, as mentioned above. Practically all the interviewees consented to provide various data for this purpose. After the interview, the interviewees received a public transportation ticket for their collaboration.

### *Risk group*

Regarding the risk group, given the low number of persons in this situation, it was impossible to randomize the sample in some services and all the people who complied with the risk group criteria and who agreed to participate in the study were interviewed. Similarly, due to the lack of knowledge about this population, the sample size could not be calculated and the interviews were carried out following the guidelines of the homeless group (days and centers), only modified by extending the centers to include public baths and clothing donation centers in order to increase the size and representativeness of the sample.

### *Follow-up*

In the preparation phase of the study, it was noted that we needed a follow-up study that would overcome the limitations of exclusively transversal works. A follow-up interview was planned to take place 12 months after the first data collection. The follow-up group included any person from the initial homeless group who agreed to participate. Ninety-nine percent of the interviewees agreed to participate and provided their personal data so we could locate them.

Given the enormous difficulty to contact this kind of population, a monthly contact was planned to ensure personal contact (the follow-up was carried out by the same interviewer who had first interviewed the person) and to allow detection of any potential changes as soon as possible. Various procedures were employed to achieve this systematic contact, among others:

- Phone calls to the phone numbers provided (up to 3 attempts on different days)
- Contact with family members.
- Contact with reference services.
- Contact at participants' boarding houses or reference places.
- Street or customary hang-out searches.
- Posters asking participants to contact our group.
- Search through all the city resources by social workers from all the services.

With this follow-up strategy, we hoped to be able to track 50% of the homeless group at 12 months.

At first, follow-up was also planned for the risk group but in practice, using the same strategies, it was impossible to carry out a significant number (less than 10%) of follow-up interviews in this group, possibly because of their unstable use of services.

## **FOLLOW-UP RESULTS**

Below are only presented the data related to the number of persons located, their characteristics, etc. The complete results of this work are published elsewhere (Muñoz, et al., 2003; Vázquez, 2003).

### ***Follow-ups performed***

The follow-up interview was administered to 27% ( $n = 78$ ) of the homeless people from the original sample ( $n = 289$ ). Initially designed to be carried out one year after the first data collection, it was actually carried out between 11 and 25 months after the initial interview, with an average period of 16 months.

Table 1. *Months Gone by Between the Initial Interview and the Follow-up Interview*

	Follow-up Group ( $n = 78$ )	
	%	$n$
Between 11 and 12 months	29	23
Between 13 and 18 months	20	15
Between 19 and 25 months	51	39

### ***Representativeness of the follow-up group compared to the total sample of homeless people***

After carrying out a descriptive and exploratory initial analysis, comparisons of the main sociodemographic variables were performed to verify the representativeness of the follow-up group ( $n = 78$ ) with regard to the initial homeless sample ( $n = 289$ ). Student's  $t$  tests were applied for the normal continuous variables, Mann-Whitney's  $U$  test for the nonnormal continuous variables, and Chi-square tests to compare frequencies of the categorical variables. For all tests, an a priori alpha level of .05 was established.

The statistical analyses revealed some demographic differences between the total homeless group and the follow-up group (see Table 2). In both cases, they were mostly single men of Spanish nationality, with long-term homelessness histories. But the mean age of the follow-up interviewees was significantly higher in comparison to the total sample of homeless people, approximately 46 years old in the follow-up group and 41 years in the total group. In addition, the follow-up group had experienced their first homeless episode at a significantly later age (around 37 years old) with regard to the global homeless population (at the age of 32).

The decrease in the number of participants during follow-up therefore caused some variations in the composition of the longitudinal group with regard to the initial sample. The sampling system employed in the study was used in an attempt to guarantee that the initial sample would be random and representative of the population of homeless people in Madrid. The existence of demographic differences in the follow-up group limits the representativeness and generalization of results of this group, because its evolution during the follow-up period could be conditioned by these participants' particular characteristics.

Table 2. Sociodemographic Characteristics of the Entire Group of Homeless People ( $n = 89$ ) and of the Follow-up Group ( $n = 78$ ). First Interview

	Total Group ( $n = 289$ )		Follow-up Group ( $n = 78$ )		Value of Statistic <sup>a</sup>
	%	$n$	%	$n$	
Men	88	253	91	70	0.461 (3)
Mean age ( $SD$ )	40.8 (12.9)	287	45.7 (12.6)	78	2.353* (2)
Place of Birth					4.532 (3)
Spain	78	205	84	62	
Africa	5	14	1	1	
Latin America	5	14	3	2	
Eastern Europe	4	10	7	5	
Others	7	19	5	4	
Civil Status					7.020 (3)
Single	64	184	61	47	
Married	7	19	0	0	
Separated/Divorced	24	69	31	24	
Widowed	5	15	8	6	
Educational Level					0.551 (3)
Less than a primary school education	18	52	19	15	
Primary school	13	38	13	10	
Secondary school	56	160	53	40	
University degree	13	37	15	12	
Mean age at first homelessness episode ( $SD$ )	31.9 (14.06)	287	36.8 (14.19)	75	-2.720** (1)
Mean total time of homelessness in months $SD$ )	55.3 (84.66)	281	71.2 (78.59)	73	-1.687 (2)

Notes: <sup>a</sup>Student's  $t$  tests were used for the normal continuous variables (1), Mann-Whitney's  $U$  test for the nonnormal continuous variables (2), and  $\chi^2$  for the categorical variables (3).

\* $p \leq .05$ . \*\* $p \leq .01$ .

## **STUDY 2.**

The next follow-up study carried out in Spain was entitled: “*Viability and effectiveness of the programs to fight against social exclusion: Psychosocial components, training, employment, and housing,*” financed by the National I+D+I Plan (2000-2003) directed by Manuel Muñoz and María Fe Bravo.

This study is the continuation and extension of the European Union project: DG V (programs & actions in the social & employment sectors): “*To Live in Health and Dignity*” (H&D) (1998/PRO/2097), carried out throughout the year 2000 with the purpose of contributing to the promotion of mental health and social inclusion of citizens who are in the process of social exclusion. For this purpose, an attempt was made to identify examples of good practice in the services for homeless people and other populations in an exclusion situation in various European countries. It was considered that the first step to improve the services was the elaboration of a “map” of the existing services in order to discover which actions were being carried out in the various European capitals (Athens, Berlin, Brussels, Copenhagen, Helsinki, Lisbon, London, Madrid, Paris, and Rome) and to identify models of good practice (Craig, Brandt, Leonori, & Muñoz, 2002).

## **STUDY GOALS**

The purpose of this study was to carry out an assessment of the effectiveness of psychosocial and health programs aimed at ensuring and improving the welfare of persons who are suffering from processes of social exclusion, especially the programs aimed at homeless persons, taking into account aspects of the programs themselves as well as user aspects. For this purpose, as mentioned, the study was based on a previous project (H&D) although we tried to overcome some of its methodological limitations, specifically:

- The number of participant programs was increased.
- The number of users per project was increased.
- A follow-up of the users was carried out to allow a more detailed study of the results achieved in these projects.
- Additional data was collected about users and projects, extending both the domains assessed and the instruments used for this purpose.

## **METHOD**

This study was carried out in the city of Madrid between May 2001 and May 2003 in two phases: the first phase, from May to November 2001, in which data was collected about the participant projects; and the second phase (November 2001 to May 2003), in which an assessment of the project users was carried out. In this second phase, the first data was collected between November 2001 and April 2002. Subsequently, 6 and 12 months later, the follow-up assessments were performed.

### **Phase 1. Professionals**

Although the main topic of this article is the follow-up works, and we shall subsequently focus on the exposition of the second phase of this study (assessment of the users), to begin with, we would like to comment briefly on the first phase of the study, which refers to the programs.

#### ***Participants***

In the study, 11 programs, chiefly intended for the homeless, participated. From Madrid, 6 projects that had participated in the H&D project were included, and another 6 projects were added because they were considered to meet the good practice criteria established by that research project.

#### ***Domains and instruments***

The chief goal of this phase was the complete description of the main aspects of the participant programs. For this purpose, various instruments were administered:

*Modules of Social Inclusion* (MIS; Panadero, 2001). A structured interview, based on the H&D study, to describe its more relevant aspects. The interview is administered to the person responsible for the project.

*Community Oriented Program Environment Scale* (COPE; Moos, 1996). This is a questionnaire to evaluate social climate in community programs that has been used in the last few years. This questionnaire was administered to all the professionals of the programs who were willing to respond.

*Dartmouth Assertive Community Treatment Scale* (DACTS; Teague, Bond, & Drake, 1998). This scale assesses fidelity to the Assertive Community Treatment model.

### **Phase 2. Users**

#### ***Participants***

The sample inclusion criterion was for the person to be in one of the selected programs at the time of the interview. Among the persons who participated in the programs, the last ones to join them were interviewed. This did not always imply that they had only been in the program for a short time, as this varied depending on the rate of new enrollments in each project.

Persons who were not in a condition to provide reliable information during the interview, mainly those who presented incoherent speech, either because of a mental disorder or because they were under the effects of alcohol or other psychoactive substances, were excluded from the study. Also excluded were people whose command of the Spanish language was insufficient for the interview.

#### ***Domains and instruments***

The instrument used in this phase was designed as a structured interview to facilitate users' comprehension. Information about the following aspects was collected during the interview:

- Sociodemographic data
- Quality of life
- Health
- Self-esteem
- History of homelessness
- Use of resources for the homeless and perception of change
- Substance use

- Satisfaction with the program.

The following standardized instruments were included in the interview:

*Quality of Life Interview* (Lehman, 1988), a structured interview that measures objective and subjective quality of life in chronic mentally ill people. In this case, the short 78-item version was used (Bobes, González, & Bousoño, 1995). The focus point was recent and current feelings of satisfaction, functional status, and access to resources.

*General Health Questionnaire* (GHQ; Goldberg, 1978). Already described above.

*Self-Esteem Scale* (Rosenberg, 1965), whose goal is to assess people's feeling of satisfaction about themselves.

*Client Satisfaction Questionnaire-8*. (Larsen, Attkinsson, Hargreaves et al., 1979). This 8-item questionnaire is rated on a 4-point Likert type scale to assess users' satisfaction with general health services or mental health services.

The information provided by these instruments was complemented with some questions about homelessness history, perceived change, use of medical services, etc., as well as some questions from other previous studies (Craig et al., 2002; Muñoz, et al., 2003)

The time required to administer the structured interview was approximately 1 hour.

### ***Procedure***

#### ***Approaching the participants.***

Participants were not selected randomly because we were concerned with the last ones to be included in the project. Therefore, the professionals' collaboration was essential. In most of the programs, participants were approached via the professionals. This type of approach prevented the systematic collection of refusals to participate in the study because, in some cases, the interviewer only had contact with persons who had previously agreed to meet her. Although a special page of paper was provided to write down the refusals, not all the professionals filled it in, so the data about refusals to participate in the study are not reliable.

The interviews were performed by 4 postgraduate Psychology students, generally at the place where the users were attended to.

All the interviews were performed anonymously to protect data privacy. However, in order to be able to locate the interviewees for 6 and 12-month follow-up assessments, all the data they could provide that would facilitate this (name, nickname, customary haunts, family addresses, phone contacts, etc.) were collected. Almost all the interviewees agreed to the possibility of undergoing another interview after some time and practically none of them refused to provide the data to facilitate locating them later on.

In addition to data collection, for later localization, participants were provided with a telephone number that they could call to communicate any change that might prevent their localization: change of city, of address, etc.

In order to improve users' commitment and to facilitate their subsequent localization after the first interview, they were given a small radio.

#### ***Follow-up***

Follow-up interviews were performed 6 and 12 months after the first interview.

We attempted to contact the participants using the data provided in the first interview. When it was impossible to locate a person by means of these data, we then

resorted to the project where the person had first been contacted and subsequently, searched through other resources for the homeless.

After the 12-month follow-up interview, participants received a public transportation ticket to express thanks for their collaboration.

## FOLLOW-UP RESULTS

### *Follow-ups performed*

One hundred and thirty interviews were performed with the users of the 11 participating programs. Out of these users, 55 underwent the first follow-up interview (approximately at 6 months), which is 42.3% of the initial sample, and another 55 underwent the second follow-up (at 12 months). The two follow-up interviews were administered to 33.1% of the study participants, that is, 43 persons. Fifty-nine percent of the persons from the sample underwent at least one of the follow-up interviews.

Table 3. *Follow-up Interviews Performed*

	<i>n</i>	%
Underwent 1 <sup>st</sup> follow-up	55	42.3
Underwent 2 <sup>nd</sup> follow-up	55	42.3
Underwent follow-ups 1 and 2	43	33.1

Regarding the interviews that were not carried out, information about the failure to perform them was collected. Some of the follow-up interviews were not carried out because of:

- Deaths: 3 persons died during the study, one of them after the first interview.
- Prison: 1 person was imprisoned before carrying out the study.
- Out of town: 8 persons could not be interviewed because they were out of town (Madrid) at the time.
- Severe mental health problems: In 1 case, the interview could not be carried out because the person was in no condition to answer the interview coherently.
- Refusals to participate in the interview: 6 users refused to undergo the first follow-up interview and 5 refused the second one.

The rest of the study participants, 28 users (21.5%), could not be located either at 6 or 12 months.

### ***Differences at Time 1 between participants who underwent follow-up interviews and those who were not interviewed.***

In the two tables below (Tables 4 and 5) are displayed the results of the analysis carried out on the differences between the users who did not undergo follow-up interviews and those who did. In the data analysis, Student's *t* test was used for the continuous variables and Chi-square to compare the frequencies of the categorical variables.

**Table 4.** Differences at Time 1 Between Participants who Did Not Undergo Follow-up Interview 1 and Those who Did

	No Follow-up 1	<i>n</i>	Follow-up 1	<i>n</i>	$\chi^2 / t$ No Follow-up 1– Follow-up 1
Mean age ( <i>SD</i> )	44.41 (11.201)	75	44.71 (11.883)	55	-0.145
Gender					0.037
Men	88.0%	66	89.1%	49	
Women	12.0%	9	10.9%	6	
Nationality					0.442
Spanish	89.3%	67	85.5%	47	
Non-Spanish	10.7%	8	14.5%	8	
Civil status					0.788
Single	58.7%	44	58.2%	32	
Married or common-law couple	6.7%	5	5.5%	3	
Separated or legally divorced	25.3%	19	21.8%	12	
Separated	6.7%	5	7.3%	4	
Widowed	2.7%	2	7.3%	4	
Educational level					2.265
No schooling. Illiterate	2.7%	2	1.3%	1	
No schooling. Can read and write	8.1%	6	7.3%	4	
Incomplete primary education	6.8%	5	7.3%	4	
Primary school	10.8%	8	16.4%	9	
Part of secondary school	37.8%	28	40%	22	
Secondary school graduate	17.6%	13	18.2%	10	
Technical diploma	8.1%	6	3.6%	2	
University degree	8.1%	6	5.5%	3	
Currently homeless					0.039
Yes	86.7%	65	85.5%	47	
No	13.3%	10	14.5%	8	

\* $p \leq .05$ . \*\* $p \leq .01$ .

Table 5. Differences at Time 1 Between Participants who Did Not Undergo Follow-up Interview 2 and Those who Did.

	No Follow-up 2	<i>n</i>	Follow-up 2	<i>n</i>	$\chi^2/t$ No Follow-up 2–Follow-up 2
Mean age (SD)	44.04 (11.213)	75	45.22 (11.835)	55	-0.573
Gender					0.845
Men	90.7%	68	85.5%	47	
Women	9.3%	7	14.5%	8	
Nationality					0.914
Spanish	85.3%	64	90.9%	50	
Non Spanish	14.7%	11	9.1%	5	
Civil status					2.778
Single	57.3%	43	60%	33	
Married or common-law couple	8%	6	3.6%	2	
Separated or legally divorced	24%	18	23.6%	13	
Separated	8%	6	5.5%	3	
Widowed	2.7%	2	7.3%	4	
Educational level					4.516
No schooling. Illiterate	2.7%	2	1.8	1	
No schooling. Can read and write	8.1%	6	7.3%	4	
Incomplete primary education	6.8%	5	7.3%	4	
Primary school	14.9%	11	10.9%	6	
Part of secondary school	35.1%	26	43.6%	24	
Secondary school graduate	14.9%	11	21.8%	12	
Technical diploma	8.1%	6	3.6%	2	
University degree	9.5%	7	3.6%	2	
Currently homeless					0.689
Yes	84%	63	89.1%	49	
No	16%	12	10.9%	6	

\* $p \leq .05$ . \*\* $p \leq .01$ .

As can be observed in Tables 4 and 5, although some values reveal differences between both groups, these differences do not reach statistical significance in any of the variables analyzed (sex, age, civil status, etc.) at either of the two times. The lack of differences seems to lend support to the possibility of generalizing to the total sample the results found in the group of persons who were interviewed.

The results obtained that refer to the changes in the study participants' situation over time will be presented in the short paper that the Spanish team will expound at the 3<sup>rd</sup> meeting of the CUHP at Copenhagen.

## DISCUSSION AND CONCLUSIONS

After presenting the longitudinal studies carried out in Spain, we would like to comment below upon some aspects of this type of study:

### *1. About the number of longitudinal studies*

The scarcity of follow-up studies in Spain is especially noteworthy; the difficulties involved in these studies (high economic cost, difficulty of locating this population, etc.) result in very few studies being carried out, with some exceptions.

### *2. About follow-up strategies*

Regarding the results of both studies, in the first place, we point out that, coinciding with the studies carried out by other research teams with this population, the follow-up percentages are relatively low, below 50% after 1 year. This low follow-up percentage may be due to the sampling strategies used in both works. Over the last few years, various strategies have been suggested to locate homeless persons, such as:

- Collecting contact data: personal data, customary haunts, phone contacts, reference professionals, persons with whom they interact (family, friends, etc.)
- Using photographs to facilitate subsequent searching for the person
- Economic compensation for participating in the study
- Free contact phone number
- Signing an authorization to search for them through the various databases
- Verifying at the time (or immediately after) the telephone numbers provided by participants in order to locate them
- Frequent contacts

In the case of the works presented herein, all these alternatives were assessed and, as described, only some were selected:

- Exhaustive data collection for subsequent participant localization
- Frequent contacts. In both cases, maintaining frequent contact with the participants was considered essential. At first, 1-month contacts were established. In these two works, contacts were spaced for various reasons:
  - First, if the contact was carried out via professionals (checking whether the person still attended the center), this meant an extra workload for the professionals, and interference in their work, which could lead to lack of collaboration in the long run. Therefore, it seemed more satisfactory for the professionals to collaborate actively at the key moments of the study (first data collection and when performing the follow-up interviews).
  - If contact occurred directly with the person, a relationship might be initiated between the person and the interviewer which would make the interviews less reliable and would interfere with the person's process. In addition, the reactivity that accompanies any observation (simple observation involves a change in the observed person's behavior), whose effects are difficult to estimate, cannot be ignored.

- Contact phone number. In both studies, there was a contact number that participants could call to contact the researchers. However, due to economic limitations, we could not facilitate a free contact phone.
- Compensation for participating. In both studies, participation was compensated with small gifts, which, rather than promoting participants' interest, was aimed at facilitating the relationship with the interviewer. It was not possible to pay money for participants' participation.
- Involvement of the professionals from resources for the homeless.

The most efficient methods to locate participants were the data provided by the participants themselves and the collaboration of professionals from the various resources for the homeless.

Some of the strategies discarded during the planning of the study were very useful in studies where they had been used, with the follow-up percentage of some studies surpassing 80% (e.g., Braucht et al., 1995; Devine, Wright, & Brody 1995; Shern et al., 1997; Temberis, Moran, Shinn, Asmussen & Shern, 2003). In the Spanish studies, some of these strategies were discarded because they were considered too aggressive and it was thought they might interfere with the first interview (increasing the number of refusals), for example, taking photographs, signing authorizations to consult various databases so they could be located, or verifying the information provided by the person at that time or later on. As for searching through databases to locate the people, in Spain, there are no databases shared by the resources for the homeless. Each resource or organization has its own databases of its users but they do not share them with other resources. There are other general databases about incarcerated or hospitalized persons, etc. Access to these databases is impossible because of current Spanish data-protection laws.

### *3. About the follow-up rate*

Regarding the follow-up in these two works, although the strategies used were very similar, the percentage of persons interviewed in the follow-up of the second work is higher than that of the first work, which, among other reasons, might be because of:

- Sample selection characteristics. In the second study, the participants were users of previously selected programs that met the good practice criteria established in a former research (H&D). In this case, commitment to these programs may have been stronger and this facilitated locating the users. In the first case, the people who participated were soup kitchen or shelter users, whose link with these services may be weaker.
- Follow-up characteristics. Despite the fact that the strategies employed for the follow-up of the samples were very similar in both works, the administration of a 6-month follow-up interview may have facilitated maintaining contact more effectively with the participants

Nevertheless, it is important to consider not only the percentage of follow-up interviews performed, but also the reasons for noncompliance (as far as possible). The problem with this information is that it is often not collected directly, but via professionals of the services, friends, companions, family, etc., so that it should be taken with caution.

### *4. About the representativeness of the participants in the follow-up*

It was essential to analyze the representativeness of the persons whose follow-up data is available compared with the total sample. It is necessary to compare the key

characteristics of the participants whose follow-up data is available with those of the total sample in order to make a decision about the possibility of generalizing these data to the total sample. As can be seen, this representativeness is higher in the second study because of various factors, such as: sample characteristics (in the second study, all the participants were users of programs for the homeless) and the different follow-up percentage.

##### 5. *About usefulness and future perspectives*

- a) After observing the above findings, and not forgetting that this kind of works are expensive and difficult to carry out in practice, it is evident that such studies are possible at middle term (12- and 24-month follow-ups). For this purpose, it is essential to be able to count on:
  - Sufficient economic resources
  - An extensive and stable team that facilitates the tasks of localizing the users
  - The collaboration of the services
  
- b) Once the follow-up data of the study participants are available, it is essential to carry out the analyses to compare the main characteristics of the participants whose follow-up data are available with those of the total sample, in order to guarantee the representativeness of the follow-up group. In any case, the results of this kind of study should be interpreted with some caution, because we know nothing about the evolution of the persons whose data after some time are not available: would the persons who improved the most be those whom it was difficult to locate? Or would they be the ones who are worse off? In any case, in order to minimize this kind of issue, it is very important to obtain the largest possible percentage of follow-ups, using for this purpose the strategies presented as the most useful, without overlooking the ethical issues. Anyhow, we should not forget that the way the sample was selected and the sample characteristics may affect the follow-up possibilities.
  
- c) This kind of study is especially necessary in two types of works:
  - In those that propose to analyze the evaluation of program results
  - In those that attempt to describe life trajectories or the use of services for the homeless.
  
- d) While acknowledging the need for this kind of works and their usefulness, we should always agree on certain ethical problems that must be taken into account when considering these works.
  - The use of personal data to locate these persons, which, considering the current legality, may be illegal in some cases. We must be particularly careful with this aspect, attempting to minimize interference with the persons' lives and to respect their privacy. Therefore, in addition to its being essential to ask for the person's consent to be localized again (perhaps in writing?), other kinds of actions should be considered, such as informing the

participants about the strategies to be used during follow-up and requesting their authorization to use them.

- Is it ethical to track people over time, observing their deterioration without intervening at any time?

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