Analysis of the Social and Individual Dimensions of Recovery in a Housing First Project

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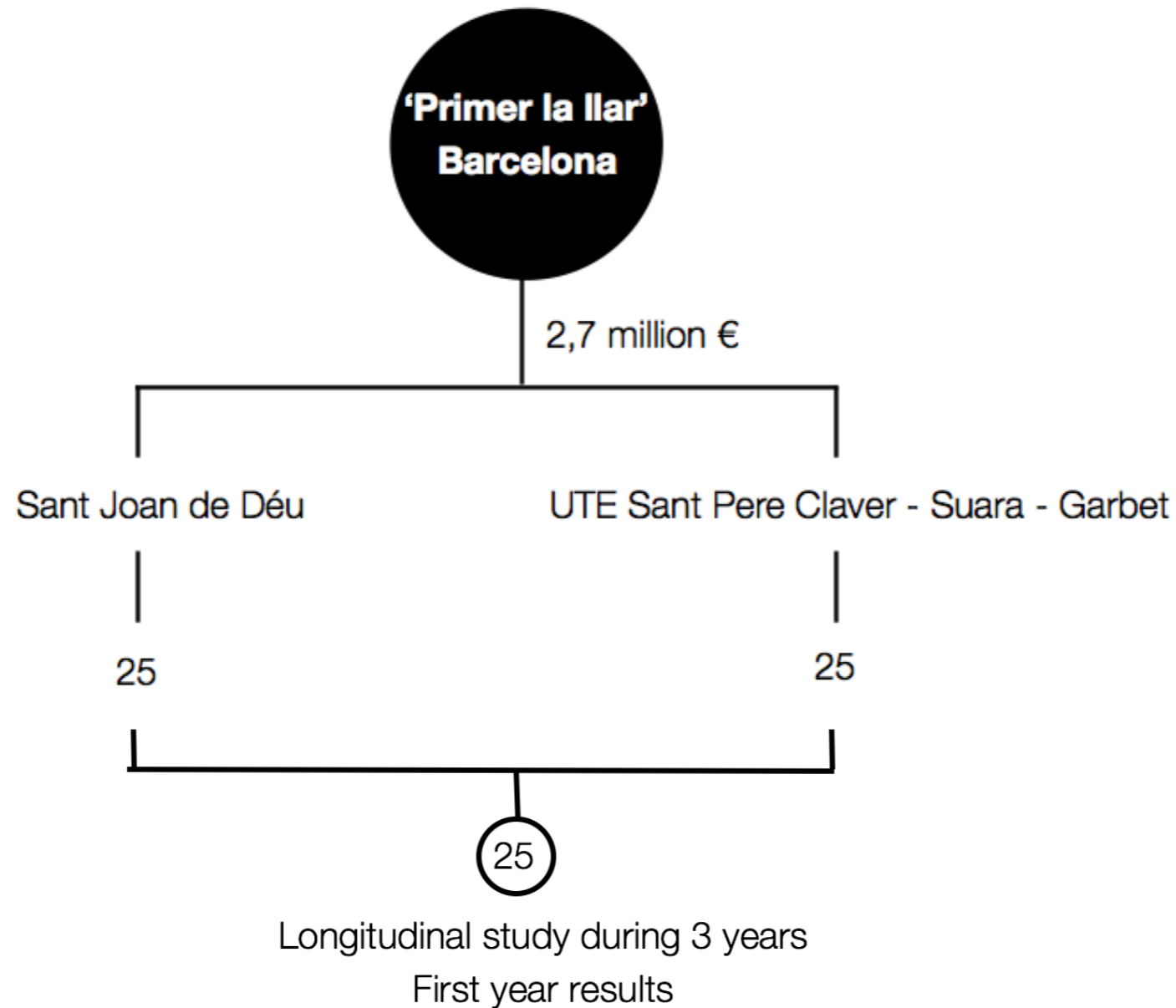13th European Research Conference on Homelessness,
Budapest 21/9/2018

1. Context

Housing First Pilot Scheme in Barcelona (2015-2019).

'Primer la llar'
Barcelona

2,7 million €

Sant Joan de Déu   UTE Sant Pere Claver - Suara - Garbet

25   25

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Longitudinal study during 3 years
First year results

2. Objectives

- Is it helping to recover?

- In which dimensions?
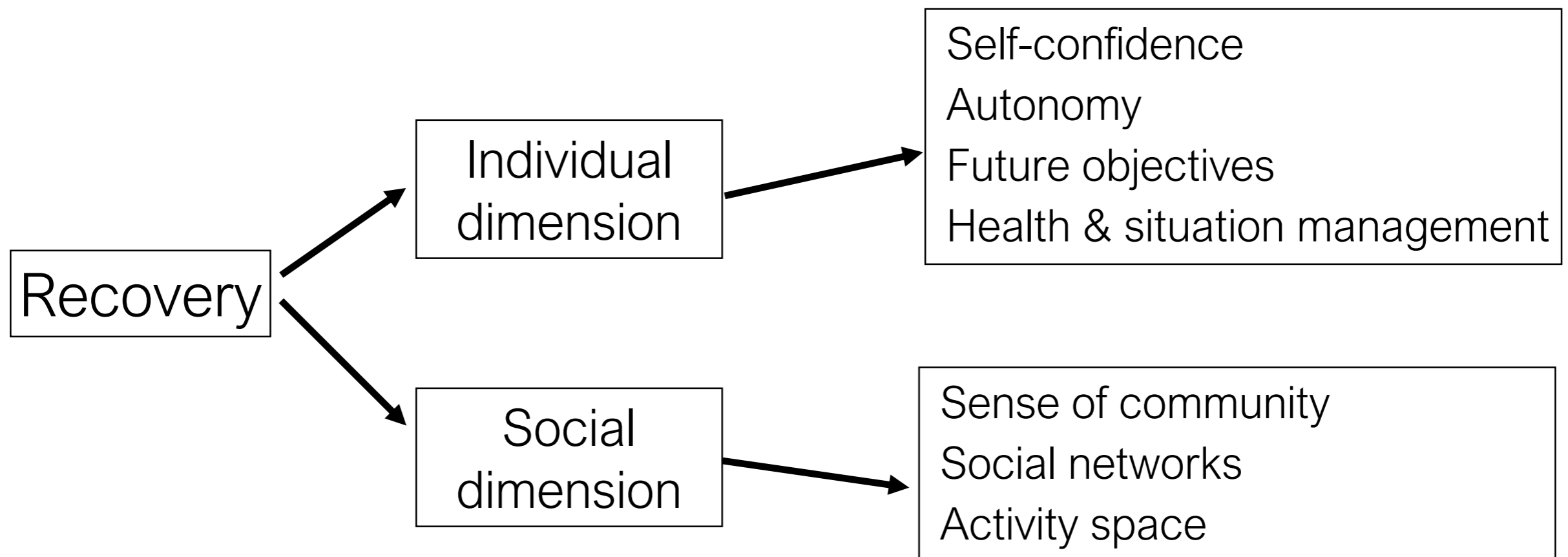
- What are the main issues and how to improve it?

3. Methodology

First year results (2018 report).

- *How*: Qualitative approach, 2 long interviews (2,5h - 4h each).

- *When*: On the first 6 months after getting into the programme.

- *Subjects*: 24 people, 5 women and 19 men.

Defining & analysing recovery

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                              ┌──────────────────────────────────────────┐
                              │ Self-confidence                          │
              ┌───────────┐   │ Autonomy                                 │
              │ Individual│──▶│ Future objectives                        │
  ┌─────────┐ │ dimension │   │ Health & situation management            │
  │ Recovery│─┤           │   └──────────────────────────────────────────┘
  └─────────┘ │           │
              │  Social   │   ┌──────────────────────────────────────────┐
              │ dimension │──▶│ Sense of community                       │
              └───────────┘   │ Social networks                          │
                              │ Activity space                           │
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3. Methodology: interview items

- **Recovery**: Simplified *Recovery Assessment Scale from Corrigan, Salzer, Ralph, Sangster and Keck (2004) ; Scanlan et al. (2016)*

- ***Sense of community****: Adapted Brief Sense of Community Inventory (BSCI) from Townleyi i Kloos (2009).*

- ***Activity spaces****: Adapted from Townley, Kloos i Wright (2009)*

- ***Social networks analysis****: Adapted from Trumbetta et al. (1999) and Corrigan et al. (2004); Scanlan et al., (2016) protocols.*

4. Results & recommendations

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1. **Overall, Housing First reduces social network of participants**. As it is shown in previous research. But it is a bit more complex. Some of the broken nodes are seen as not useful or even harmful for them. They start to recontact links with families and former friends. The programme seems to break with lots of relations with lower emotional involvement and aim to rebuild a few links with great positive emotional and support capital.

4. Results & recommendations

2. **Loneliness is a big problem from the start.** Some see it both as a necessary break and a as their biggest problem. Several strategies arise: (1) seeing TV extensively; (2) going to their previous activity places to see previous relations there (not at home); (3) going to meal provision facilities only to socialise; (4) mistakenly confusing professionals with friends. In the beginning, programme participants show problems finding alternatives to TV and in order to go outside.

Recommendation for helping professionals: (1) Try to know well the persona and his/her interests in order to (2) offer activities that may interest him/her and (3) work with the person their difficulties in order to engage in new relations and (4) some strategies to keep existing ones.

4. Results & recommendations

3. **Differences between men and women regarding other sex relations.** Most men seek a stable relation with a woman as one key dimension of "normalisation". Most women try to avoid relations with men, citing cases of gender violence, some of the while in the programme.

Recommendation for helping professionals: On men, work on the equilibrium between the legit desire of having a partner and the reality that a couple is not a universal solution for their difficulties. On women, offering protection strategies when entering partners at home, if requested.

4. Results & recommendations

4. **There are clear evidences of homophily for migrant/ethnic reasons in shelters and facilities.** In some cases it derives to racism. In some cases forbidding separations produced that one person or collective left the resource.

Recommendation for helping professionals: Acknowledge that in vulnerable groups, this may have some psychological motivations (rising self-esteem, positive distinction, scarce resources competition or significance) and also work on them, not only ban the resulting actions.

4. Results & recommendations

5. Distance between previous activity places (city centre) and home allocation (periphery) has opposing effects. On the one hand, it endangers mobility and social interactions. On the other hand, some people endorses it because "it helps breaking bad habits".

4. Results & recommendations

6. Sense of community is usually positive but complex . Some participants explain exclusion or rejection experiences from neighbours. They explain it by their sickness or difficult character, showing some self-stigmatisation trends.

Recommendation for helping professionals: Improving sense of community involves working on multiple dimensions, as activity spaces, social relations and others.

4. Results & recommendations

1. **Meaning of recovery.** Most participants have a clear meaning of recovery. They value self-confidence and self-esteem as a requirement but also acknowledge that other forms of support are needed, as family, economic and medical. Most women express the need to "fix their teeth" in other to establish relations or participate in common activities.

4. Results & recommendations

2. **Hated and loved autonomy.** Some participants value a directed management and request visits, while others hate to feel watched and controlled.

Recommendation for helping professionals: The critical and difficult point is when some people want to be left completely alone but the support team show that they need attention and support. There is a need to include a flexible approach while knowing personal interests and sentiments to develop strategies in order to maintain the intervention when needed.

4. Results & recommendations

3. **"I don't know what are the activities I like to do".** In order to plan for the future, a simple step forward is to acknowledge what are the things you enjoy. It is important to counteract loneliness, relational and self-esteem problems. And it not that simple. It is very difficult for our participants.

Recommendation for helping professionals: Maintain an equilibrium between starting to ask early the activities they used to do and the things they would like to do on the one hand while not overwhelming with multiple external activities requirement on the other.

4. Results & recommendations

4. **Health management.** Most interviewed people situated health improvements *before* entering the programme, basically addictions. On the other hand, they express main improvements on mental health problems *after* entering their housing. Some people show strong spiritual reasons to understand their recovery and the people that helped them.

Recommendation for helping professionals: Addictions may need specific services or facilities previous to more engaged interventions.

4. Results & recommendations

5. **Asking for help.** They explain that the logic when living on the street can only be understood on that situation. On their stories they repeat that they did not accepted some help because they did not believe they were real, in some sort of learned helplessness.

5. Conclusions (1st phase of this pilot scheme)

- Housing First programme

  - Needs to be tailored to participants.

  - It is necessary to include information on some key questions.

- Research methods

  - Scales are being rejected (and not useful)

  - Ethic research is as hard as necessary.

Thank you!

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