

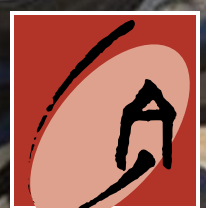


The Magazine of FEANTSA - The European Federation of National Organisations Working with the Homeless AISBL

Homeless in Europe

Summer 2014

**Social Work in Services
with Homeless People
in a Changing European
Social and Political
Context**



FEANTSA

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Social Work in Services with Homeless People in a Changing European Social and Political Context

Social work with homeless people takes many forms, including work in residential, employment, health, education and legal services, and social workers' experiences may differ from service to service and from country to country. Changes to national and European contexts mean that social services for homeless people are changing too, and with them, the work of social workers.

This issue of *Homeless in Europe* magazine explores different issues regarding homelessness and social work and the role of the social worker in homelessness services, including: training and support for social workers working with homeless people; assessment of specific types of services and the skills and knowledge necessary for providing that service, as well as the personal experience of social workers providing the service; explorations of national social policy which can have an effect on social workers' work and European realities and their effect on social workers' work.

Social work with homeless people is changing. Margaret-Ann Brünjes, Director of the Glasgow Homelessness Network (GHN), explores questions around traditional services for homeless people and new approaches to social work with homeless people that involve users and put them first, known as user participation. GHN coordinates SHIEN (Scottish Homelessness Involvement and Empowerment Network) and a training and consultancy social enterprise 'Involving Expertise'.

Working in current homeless service provision demands a range of knowledge and skills. Emerging models of governance and changes to social services and social work require social workers to translate new policies into action, for example housing led, strengths-based and homeless prevention-focused practice. This can involve a need for training. Briege

Casey, Programme Co-ordinator for the Certificate in Homeless Prevention and Intervention at Dublin City University discusses the education and training provision for homeless sector workers provided by the university.

Given the pressure on social workers for change but also the realities of working with vulnerable homeless people, many staff report feeling 'burnt out': feeling exhausted, negative, frustrated, hopeless and helpless – feelings that, if unchecked, can lead to people distancing themselves from their work. Dr Nick Maguire, Senior Lecturer in Clinical Psychology at the University of Southampton describes how to combat these stressful and negative experiences through reflective practice, where practitioners make use of their peers to articulate thoughts and emotions at work.

Changing practices in social work can reflect developments in service models for homeless people. One such development in Europe and the world is the increasing use of the Housing First model. The implementation of Housing First programmes can require a change in approaches to housing and social work. Lars Benjaminsen, Researcher at the Danish National Centre for Social Research, describes this change in social work methods in a large-scale Housing First programme in Denmark, arguing for social support workers to embrace new methods of providing social support and receive training on how to put these methods into practice.

The shift to Housing First means social workers engaged in Housing First projects face new challenges. Patricia Bezunartea Barrio, Assistant Director of RAIS Fundación, Spain discusses the experience of running Housing First projects and the training social workers need so that they can effectively implement this type of practice,

LETTERS TO THE EDITOR

We would like to give you the chance to comment on any of the articles which have appeared in this issue. If you would like to share your ideas, thoughts and feedback, please send an email to the editor, suzannah.young@feantsa.org.



exploring areas she argues are key to guaranteeing the success of Housing First projects and ensuring that people's needs are met.

Other changes to social services for homeless people see these services being increasingly standardised, in line with national policy. The aim of this standardisation is improving support for homeless people and training social workers in new methods. Jakub Wilczek, Project Manager at St. Brother Albert's Aid Society discusses the standardisation of homeless services in Poland, which he argues will allow more coherent, cross-sector social policy on homelessness, and provide adequate programmes and services based on knowledge of homelessness at local and national level, facilitating the work of social workers and introducing a new quality of cooperation and substantially reducing homelessness in Poland.

These substantial reforms will have an effect on social workers' experience of their work and the outcomes the services see. Paweł Jaskulski of Saint Brother Albert's Aid Society discusses the standardisation reforms outlined by Jakub Wilczek from the point of view of services providing employment to homeless people in Poland – the effects on the services and the social workers.

Sweden is also undergoing changes in national and local policy in terms of homeless services. Carl Wirehag, Policy Assistant at FEANTSA and Social worker at Gothenburg City Mission assesses the gap that he argues exists between theory and practice in Swedish homeless services and how to take steps towards an integrated and cooperative approach linking different services for homeless people, and calls for national coordination and long-term strategies, as he says the lack of coordination means local strategies often miss out on best-practices and evidence-based research methods. He hopes that the final report of

the Homelessness Coordinator appointed to assess local social homelessness services will lead to a change for the better in homeless service provision.

Aida Karčiauskienė, Night Shelter Director at Vilnius Caritas, assesses the effects government policy on definitions of homelessness, social housing and social benefits in Lithuania have on homeless people and services. She argues that a lack of flexibility, continuity and purposefulness in the provision of social support for homeless people originates from the absence of a clear strategy and of the definition of a homeless person. She believes improvements can be achieved if homeless people are perceived not only as being at social risk, but as a separate target group for social support provision that therefore receives adequate, targeted support.

As well as national policy, changing economic circumstances can significantly affect the way social workers in homelessness services operate. Dimitra Nousi, Director of the Athenian Municipality Solidarity Centre explores the increased and altered activity of services for homeless people in Greece as a result of the economic and financial crisis.

The European context and European policy can also have an effect on the work of social workers in homeless services, such as when they come into contact with European migrants who have become homeless whilst exercising their right to free movement within the European Union. Monica Breazu, Social Worker at Casa Ioana Association explores this situation from the perspective of a principally 'sending country', Romania, exploring the issue of 'reconnection' and what to do after EU migrants have returned – asking whether this is the best option.

FEANTSA would like to thank all the authors who contributed to this issue of the magazine.



From Fixer to Facilitator – A New Role for Social Workers?

By Margaret-Ann Brünjes,¹ Director, Glasgow Homelessness Network (GHN), Scotland

On the theme of participation, GHN coordinates SHIEN (Scottish Homelessness Involvement & Empowerment Network) and a training and consultancy social enterprise 'Involving Expertise'.

Most social workers see exclusion or inequality and want to do something about it. We will apply our training, our skills and our sense of *injustice* to do something for the person experiencing it.

But what if we knew that our best attempts to help people were creating a dependency that stimulated more demand for our services? And what if we knew that this reliance on our services, and ourselves, was at the expense of people's growth and their own personal, social and economic progress?

These are the questions currently being explored by a growing number of social commentators, academics and innovators across Europe. This has been driven in part by the economic recession, which has created a 'perfect storm' for our services – more complex social problems and greater inequality, more demand for our services with higher expectations and reduced budgets.

And so there is a growing consensus that we need to do things *differently* to get a different result.

Under the most scrutiny is the traditional 'deficit' approach to social problems and social care – that the person has problems or needs that somehow need 'fixed' and that it is the role of the social worker to help identify and fix the problem. This is a long-standing and pragmatic response to working with the most vulnerable and socially marginalised people in society - many of whom have experienced trauma, been disadvantaged from a young age and manage a complex set of problems on a daily basis. This approach is about 'rounding up' the deficit - assessing the needs and filling the gaps.

The problem with this approach, it is now argued, is our natural tendency to assume people's priorities, interests and motivations while often underestimating the skills and assets they have available. Instead, we are now being offered compelling evidence that *asset-based* approaches, for all not some of our service users, will get better outcomes by using the strengths, skills, resources and social connections that people already have. This approach will create more

enduring solutions to social problems, by building people's capacity to identify and address their own needs.

There is no doubt that the principles of participation and empowerment already underpin most social work practice - most of us will involve service users in some aspect of delivery and recognise that empowerment includes connecting people with local networks and supports to help build and develop their own capacity to solve their own problems. However, the current thinking goes well beyond traditional ideas of the participation of people using our services as a group to be consulted separately:

"...the main effect of putting distance between 'providers' and 'users' and neglecting human capacity is to make people weaker rather than stronger, more isolated and divided from each other, more dependent rather than more resourceful, and more at risk of ill-being and distress".

In fact, it is the very relationship between social workers and the people who use our services that needs a rethink and reform. If we give something to a person in need, we temporarily alleviate their need so that if they are in need again, they will naturally come back to the same place. However, if we believe that personal empowerment is driven by the individual's belief in their capability to influence events, then we accept that this includes ideas of challenging assumptions of power and fostering capacity so that people can act on the issues that they feel are important.

This idea is not about minimising the importance of 'giving' to meet people's basic needs in the short term, nor is it a distraction from the structural and broader economic reasons for homelessness, poverty and inequality that we must continue to tackle. But it is about isolating the role of social workers, and ensuring that we don't create a further layer of inequality by unwittingly distancing and disempowering people. By adopting the role of facilitator, we can be more confident that we are part of the solution and not just servicing the problem...

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Asset-based approaches are more empowering and an empowered person is one who can more easily negotiate a sustainable route out of homelessness. And so the most fundamental changes we can make are to share more power with our service users, to transform our role from 'fixer' to facilitator - and to transform the perception of our service users as passive recipients of services into one where they are equal partners with assets, not just problems or needs. To do this effectively we need to recognise all types of knowledge and skills that people bring and equalise their value with ours, we need to reduce the distance between service providers and users by sharing information and power - and we need to engage peer and personal social networks as the best way of transferring knowledge and supporting change.

However, asset-based approaches must carefully recognise and address that not everyone is able to participate equally, able to fully articulate their perspective or have confidence in their opinions or aspirations. This means we need to support the

capacity of some people who don't feel *able or entitled* to share power and take control of their own lives - FEANTSA's Participation Working Group was addressing this important point when we developed a Participation Toolkit for Social Workers.

The Toolkit: *Get a Different Result, Get People Participating*² is for organisations who provide services for people experiencing inequality, exclusion and homelessness. It helps lay the foundation for greater sharing of power, responsibility and decisions - and offers ideas to help increase the capacity of people using our services to determine their own priorities and futures.

The Toolkit has been co-produced by people with lived experience of homelessness alongside 10 organisations from across Europe working across the fields of homelessness, social policy, civic participation and education. We created the toolkit because we recognised that positive participation is about using a wide range of tools and techniques to meet the needs of different people and situations.

The Toolkit has so far been translated into 8 languages and contains 2 key sections to assist social workers:

- (i) 25 Service Standards: these are potential service improvements that can help create the most empowering environment for participation and sharing power. By using a simple traffic light scoring method, you can rate what you are doing well and areas that you want to improve;
- (ii) 25 Tools and Techniques: practical ideas to help facilitate participation in your service, presented as easy to use fact-sheets with methods that range from the creative arts, to focus groups, to peer-based advocacy.

The FEANTSA Participation Working Group is now working with local NGOs to share our learning, facilitate discussion and training on the Toolkit and to learn from you about participation and empowerment in your service. If you are interested in hosting the group for a half-day seminar, please contact Mauro Striano at mauro.striano@feantsa.org.

Asset-based approaches are more empowering and an empowered person is one who can more easily negotiate a sustainable route out of homelessness.

If you're good and do exactly as I say, I shall empower you.

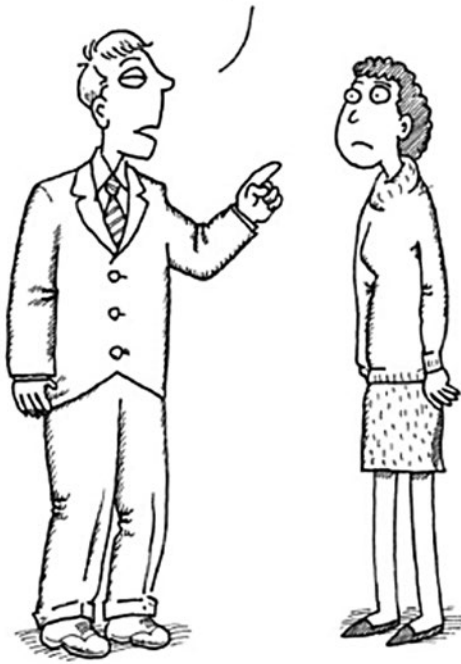


Figure 1: image from www.open.ac.uk

² <http://feantsa.org/spip.php?article122&lang=en>



Education and Training Provision for Homeless Sector Workers: Contexts, Benefits and Challenges¹

By **Briege Casey**,² Programme Co-ordinator, Certificate in Homeless Prevention and Intervention, School of Nursing and Human Sciences, Dublin City University, Dublin, Ireland

Working in current homeless service provision demands knowledge concerning a range of welfare, health and socio-cultural issues/rights as well as skills in effective assessment and support planning/case management and interagency working.

INTRODUCTION

Workers in contemporary homeless sector services engage with people whose situations and support needs are increasingly diverse and complex. Changing economic climates across Europe in recent years have altered the demographic profile of those at risk of, or presenting as, homeless.³ The 'typical' presentation of someone whose homelessness is intermingled with alcohol/drug use, relationship breakdown and possible mental health/behavioural issues is now one of many multi-faceted stories that homeless workers encounter in daily practice. Other or co-existing stories highlight displacement through international migration, de-institutionalisation and the failure of community social/healthcare support, loss of homes through economic hardship/lack of available affordable housing. The nature of need is changing over time and homelessness is more frequently traversing social classes and implicating families⁴ as well as individuals.

Impending or experienced homelessness challenges an individual's/family's physical, psychological and social resources. The level and quality of support provided during this period can have a dramatic impact on resultant outcomes. It follows then, that workers who are supporting people in these situations require knowledge and skills that are wide-ranging yet flexible and effective in specific circumstances.⁵ Working in current homeless service provision demands knowledge concerning a range of welfare, health and socio-cultural issues/rights as well as skills in effective assessment and support planning/case management and interagency working.⁶

The pressures on homeless sector workers are considerable. Emerging neo-corporate models of governance⁷ require workers to translate new policies and ideals into action, for example housing led, strengths-based and homeless prevention focused practice.⁸ However, little is known about the composition of this

workforce and scant attention has been paid to developing its capacity to effectively address the current challenges of homeless service provision.⁹ Observers comment that where training exists, this is ad-hoc and argue that new homelessness and housing qualifications need to be developed at different educational levels which are adaptable and dynamic, involving relevant stake holders in curriculum design and delivery.¹⁰

This paper describes an accredited undergraduate programme focusing on homelessness which has been developed collaboratively between a third level university and the homeless sector in Dublin, Ireland.

THE EDUCATIONAL AND VOCATIONAL CONTEXT OF WORKERS IN THE DUBLIN HOMELESS SECTOR

There are at least 100 agencies³ delivering services to approximately 2,370 people who are homeless in Dublin.¹¹ Workers at the interface of homeless service provision are keyworkers or case managers, depending on the intensity of service required by the service user and the necessity for co-ordinating inter-agency collaboration. There are approximately 750 workers in the Dublin homeless sector services, with a range of vocational and educational profiles. Many have worked in the sector for over 20 years and have a wealth of practice knowledge/skills but little or no formal education, having gained jobs due to previous work experience or volunteering in the sector. Those coming into the sector in the last 10 – 12 years have 3rd level qualifications/training¹² and working backgrounds in social care, social work, nursing, addiction, counselling and psychotherapy. However, many of these 3rd level courses do not include any specific focus on homelessness in their curricula.¹³ Various sectorial services have made substantial investments in on-the-job training; however the nature of this training has not been consistent across the sector.

1 Acknowledgement to Maria Fitzpatrick DRHE for support in providing statistical data

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3 O'Sullivan, E. (2012) *Ending homelessness – A housing-led approach*. Dublin. School of Social Work and Social Policy, Trinity College Dublin.

4 Hulse, K. and Spinney, A. (2010). Reframing family homelessness: A citizenship approach. *Parity*, 23(7).

5 Maguire, N. (2012) Training for front-line homeless workers: practicalities and ethics of teaching cognitive behavioural and dialectical behavioural psychological therapeutic techniques, *Housing, Care and Support*, 15 (4), pp.177 – 185.

6 Martin, B., Phillips, R. and Xiang, N. (2012). *Developing an effective homelessness workforce*. National Homelessness Research Partnership/FaHCSIA. Canberra: Commonwealth of Australia.

7 Phelan, E. and Norris, M. (2008). Neo-corporatist governance of homeless services in Dublin: reconceptualization, incorporation and exclusion. *Critical Social Policy* 28: pp51 – 73.

8 O'Sullivan, E. (2012) *Ending homelessness – A housing-led approach*. Dublin. School of Social Work and Social Policy, Trinity College Dublin.

9 Mullen, J. and Leginski, W. (2010). Building the capacity of the homeless service workforce. *The Open Health Services and Policy Journal*, 3, pp101-110.

10 Spinney A., (2013) *Workforce Training for the Homelessness Sector*. Victoria, Australia The Swinburne Institute for Social Research Swinburne University of Technology.

11 Dublin Region Homeless Executive (2008) *Workforce skills audit*. Dublin, DRHE.

12 http://www.citizensinformation.ie/en/education/third_level_education/colleges_and_qualifications/third_level_education_in_ireland.html

13 Spinney A., (2013) *Workforce Training for the Homelessness Sector*. Victoria, Australia The Swinburne Institute for Social Research Swinburne University of Technology.



UNDERGRADUATE CERTIFICATE IN HOMELESS PREVENTION AND INTERVENTION; BACKGROUND AND CONTEXT

The Dublin Region Homeless Executive (DRHE) is the lead statutory local authority in the response to homelessness in Dublin. It is tasked with administering funding for homeless services in the region and working collaboratively with homeless sector services to develop policy and practice in homeless prevention and intervention. It also supports training and professional development of sector staff. In 2008, the DRHE undertook a sector-wide skills audit to determine the educational needs of a range of staff. The audit revealed the following areas of skill/knowledge deficit as identified by key workers and managers:

TABLE 1: Knowledge/Skills Deficits Identified in Skills Audit¹⁴

- Accommodation and housing options
- Welfare rights
- Education/ training options for service users
- Legal issues/offending behaviour
- Working with families and children
- Assessment and support planning practice
- Helpful approaches e.g. Motivational interviewing
- Professional boundaries, dealing with challenging behavior
- Advocacy
- The impact of intercultural issues
- Physical/mental illness and addiction
- Care and case management/inter-agency working

These findings echo results from other studies¹⁵ concerning perceived knowledge/skills deficits of homeless sector workers. Following some months of collaboration between DRHE, sectorial homeless services and a local university, the Undergraduate Certificate in Homeless Prevention and Intervention (CHPI) was established in 2009.

CHPI PROGRAMME OVERVIEW

The CHPI is the first and only university accredited programme in Ireland that is specifically related to the contexts, needs and holistic assessment/support of people who are at risk of or who experience homelessness. Currently, keyworkers within the sector are funded jointly by DRHE and their local homeless service to undertake the programme which consists of three 10-credit modules:

- Assessment and Support Planning: Process and Practice
- Socio-Economic Needs of People Experiencing Homelessness
- Health, Illness, Addiction and Homelessness

The course¹⁶ is part-time over 16 months. Each module entails 6 days of study and students typically undertake a 2 day study block every 5-6 weeks with practice-based assignments in the intervening phases between blocks.

Delivery is in blended format with use of an on-line learning platform, lectures, groupwork, role-play/simulation. Module assignments are grounded in practice and include reports/reflection on practice, assessed role plays, practice-based health promotion projects as well as individual essays and group reports.

The CHPI has been running successfully for the past five years and has been evaluated using pre and post module/programme questionnaires and interviews with students and service managers. The benefits and stated implications for service delivery/institutional development as reported by individual participants and managers are summarised in Table 2 (see next page):

¹⁴ Dublin Region Homeless Executive (2008) *Workforce skills audit*. Dublin, DRHE.

¹⁵ Mullen, J. and Leginski, W. (2010). Building the capacity of the homeless service workforce. *The Open Health Services and Policy Journal*, 3, pp101-110

¹⁶ <http://www.dcu.ie/prospective/deginfo.php?classname=CHPI>



Table 2: Reported Benefits of Accredited Training (DRHE/DCU 2010)

BENEFITS (PARTICIPANTS)	OBSERVED CHANGES (MANAGERS)	IMPACT ON CARE PROVISION/ ORGANISATION (BOTH)
Increased knowledge and skill level.	Improvement in skills and competencies of staff as a direct result of course participation. Progress evident in the way they performed their daily practice.	Improved service delivery. Raise professional/quality standards.
Found it very relevant to the work. Very useful for linking theory to practice.	This course has given workers' experience a framework and reference points on which to inform and use that experience to better help service users work on their health issues.	Cultural development, move to more professional service delivery. Development of learning culture and excellence in practice.
Insight into emotional psychological needs, empathy.	Students making reference to "therapeutic relationships".	Move to more holistic models of practice.
Professional/ career development.	Interest and willingness to update their skills and obtain a recognised qualification to enhance their careers.	Transferability and consistency of skills across organisation. Accredited training is recognised and valued.
Motivation, sense of purpose, clarity.	Seems to be more aware of what is involved in case management.	Enacting support plans. Consistency of service, clarity for service users.
More confident in advocating for physical and mental health needs (knowledge and improved presentation skills).	Have noted increased confidence among staff who have completed the training.	Change management. Advocating for change.
Hearing the experiences of others.	Useful forum for networking and sharing information with other services and projects. Course has very positive unifying effect on service when all team members participate.	Role clarification, Improved teamwork, Recognising each other's skills, networking, interagency working.

CHALLENGES

Successful completion of this programme is increasingly recognised by the sector as necessary for assessment and support-planning work and case management roles. Sector commitment to supporting workers through this programme continues 5 years on. Although many benefits have been identified, there are also challenges. At an individual student level, these can include issues around time management, especially given the demands of full-time work.¹⁷ A few students struggle with the academic requirements of the course, although support is provided. There can be motivation/commitment issues in cases where workers are directed by employers to participate in the course.

In order for these courses to be of benefit, there needs to be a high level of engagement and commitment from the sector.¹⁸ Thankfully this commitment

is present both in financial sponsorship, facilitating attendance and employer interest in student progress. This represents a huge buy-in from the sector especially at a time of lessened resources however, it can be challenging for organisations to maintain cover in order for staff to attend this programme.

In terms of facilitating the course, there are several challenges; inevitably there is a wide range of practice and academic expertise in the room as well as a variety of learning styles/preferences therefore flexible and individualised approaches to teaching and learning are required. Another challenge involves the tension between education and training models. The aim of education is to develop breadth of perspective, which aids critical thinking and deeper understanding, whereas training can be considered the process of skills development specifically related to a

¹⁷ Spinney A., (2013) *Workforce Training for the Homelessness Sector*. Victoria, Australia The Swinburne Institute for Social Research Swinburne University of Technology.

¹⁸ Maguire, N. (2012) Training for front-line homeless workers: practicalities and ethics of teaching cognitive behavioural and dialectical behavioural psychological therapeutic techniques, *Housing, Care and Support*, 15 (4), pp.177 – 185.



person's employment.¹⁹ Both education and training are necessary to ensure an effectively developed workforce, however there needs to be a balance between both elements. In contemporary time- and resource-limited practice, the balance tends to swing in favour of training and there is pressure to 'cover' more and more skills. Students are anxious to have the tools to 'fix' crisis and may not always feel able or positioned to take a wider or longer view. Therefore, a well-judged mix of training that involves and informs the sector as well as exploration/critique of wider policies, research and practice development is required.

Some commentators claim that the 'marketisation' of social services means that organisations get as much as they can out of workers, often expecting them to put service users' needs before their own.²⁰ Others refer to the contemporary dilemmas for staff 'stuck in the middle between the (dis)stressing nature of clients' "unhoused" minds and the (dis)stressed response of the systems of care'.²¹ This sense of holding things together is evident in students' discussions and written work concerning their perceived responsibilities and required responses to people who are (at risk of being) homeless. Students on this course take their roles and work very seriously. While this is to be commended, behaviours and responses associated with compassion fatigue and burnout,²² are becoming more evident in the classroom. This observation supports recent calls for making time for

reflection on/in practice, effective supervision and self-care.²³

CONCLUSION AND RECOMMENDATIONS

Workers in today's homeless sector need to be equipped with knowledge and skills to work effectively in this dynamic and complex environment. Accordingly, recent reviews highlight the necessity for audits of workforce demographics and training/educational needs as well as accredited, focused education/training programmes that are flexible (preferably involving online/distance learning) and supported by relevant stakeholders in the sector.²⁴ Given that our enactment of many of these initiatives is having positive outcomes for service-users, staff and organisations, these recommendations would be supported. A further recommendation involves a rigorous evaluation of the expectations placed on workers in contemporary homeless prevention and intervention vis-à-vis the level of interagency resources and support at their disposal and an inquiry as to whether these expectations are reasonable/achievable. Sector-wide training and support in managing personal distress evoked through working with homeless service users is also essential.²⁵ Education and training should not be used to augment workloads of already overloaded staff, but rather to enable workers in the sector to practice in an informed and effective way, being aware of and facilitated to address their own support needs as well as those of their service users.

Education and training should not be used to augment workloads of already overloaded staff, but rather to enable workers in the sector to practice in an informed and effective way, being aware of and facilitated to address their own support needs as well as those of their service users.

19 Blundell, R., Dearden, L., Meghir, C. and Sianesi, B. (1999). Human capital investment: the returns from education and training to the individual, the firm and the economy. *Fiscal Studies*, 20, pp 1–23.

20 Kosnya, A. and Eakin, J. (2008) The hazards of helping: Work, mission and risk in non-profit social service organizations. *Health, Risk & Society* 10, (2) pp 149–166.

21 Scanlon, C. and Adlam, J. (2012) The (dis)stressing effects of working in (dis)stressed homelessness organisations. *Housing, Care & Support*, 15 (2): pp74–82.

22 Mullen, J. and Leginski, W. (2010). Building the capacity of the homeless service workforce. *The Open Health Services and Policy Journal*, 3, pp101–110; Maguire, N. (2012) Training for front-line homeless workers: practicalities and ethics of teaching cognitive behavioural and dialectical behavioural psychological therapeutic techniques, *Housing, Care and Support*, 15 (4), pp.177 – 185.

23 Scanlon, C. and Adlam, J. (2012) The (dis)stressing effects of working in (dis)stressed homelessness organisations. *Housing, Care & Support*, 15 (2): pp74–82.

24 Mullen, J. and Leginski, W. (2010). Building the capacity of the homeless service workforce. *The Open Health Services and Policy Journal*, 3, pp101–110; Spinney A., (2013) *Workforce Training for the Homelessness Sector*. Victoria, Australia The Swinburne Institute for Social Research Swinburne University of Technology.

25 Maguire, N. (2012) Training for front-line homeless workers: practicalities and ethics of teaching cognitive behavioural and dialectical behavioural psychological therapeutic techniques, *Housing, Care and Support*, 15 (4), pp.177 – 185.



Reflective Practice for Staff Working in the Homeless Sector: Theory, Practice and Evidence of Burnout

By Dr Nick Maguire,¹ Senior Lecturer in Clinical Psychology, Director of Programmes, Psychology, University of Southampton, UK

INTRODUCTION

Many staff report feeling 'burnt out' when working in support of homeless people in all areas, including hostels, health and social care settings. When reporting burnout, staff describe feeling exhausted, negative, frustrated, hopeless and helpless. These feelings, if unchecked, can lead to people distancing themselves from their work psychologically and sometimes physically, which can be a highly stressful experience. Or people may become so disillusioned that they leave the sector entirely despite having personal values which could, with the right frame of mind, be served through working with homeless people.

Reflective practice (often called supervision) is a key part of effective psychological interventions, where practitioners make use of their peers to articulate interpersonal processes, thoughts, emotions etc. resulting from their work. There are a number of psychological models which describe reflective practice, usually based on the theory and model of the therapy which is being practiced.

Here I will focus on training and reflective practice within a cognitive-behavioural framework² informed by some tenets of dialectical behaviour therapy³ to describe a training and reflective practice package, which we have found to be somewhat effective in addressing some of the issues associated with staff burnout.

THE REFLECTIVE PRACTICE AND TRAINING PACKAGE

The package I have been using for the past few years makes use of a one- or two-day training workshop, followed by facilitated reflective practice delivered in small groups, at least once a month but sometimes more often. The training focuses on two main issues: 1) simple formulation skills which enable reflection on thoughts and feelings and their relationship with habitual behaviours which can be unhelpful to both staff and clients; and 2) enabling change in services and clients, with particular emphasis on engagement in the process of change, being clear and realistic about the nature of the change expected, and monitoring of change. We have found that the package works best when the reflective practice component of the package closely mirrors that of the training. Thus the reflective practice is not only an opportunity in reflection on intrapersonal experience, but is also an

ongoing training in developing the skills necessary to do this. The psychotherapeutic model chosen could be any (e.g. the mentalisation model used by Stronge and Williamson⁴), but the continuity is important.

THE IMPACT OF THOUGHTS

The central tenet of cognitive models is the concept of metacognitive awareness.⁵ This is a simple concept which refers to the 'skill' of being able to describe how one is thinking at any given moment (metacognition can be considered as 'cognition about cognition'). Although simple to describe, it is much more difficult for many of us to practice, but is made concrete by Ellis' 'ABC' model.⁶ This makes clear the relationship between thoughts, feelings and behaviours around an event, i.e. we have thoughts (**B**eliefs) about something that has happened (an **A**ctivating event) which drive emotions and behaviours (**C**onsequences). The process of noticing and articulating beliefs has its roots in Buddhist meditative practice, but the theme has also been picked up by philosophers over the centuries, such as the Greek stoic philosopher Epictetus (AD 55 – 135), and rationalists such as Descartes. If we can describe how we're thinking about a situation, we may choose to set those thoughts aside if we decide they are of little use to us (e.g. mindfulness⁷), or perhaps we may choose to rationally challenge the content of those thoughts, questioning their validity (e.g. within CBT approaches⁸). As humans, we often behave habitually when experiencing strong emotions, which can be unhelpful in the longer term (e.g. avoid difficult conversations, go overboard when angry). Although we cannot choose not to feel something, bringing the thoughts driving those emotions into awareness may reduce the intensity of emotions, and we may exercise some choice over behaviours, some of the time.

This becomes particularly important when dealing with behaviours of others (e.g. service users, other service staff) which we find inexplicable and which we think are damaging, to service users themselves or in the case of services, to the service users with whom we work. We can often find ourselves ruminating (chewing over thoughts and seemingly not able to stop ourselves), mainly at quiet times of the day when external stimulation reduces, such as when trying to get to sleep. In this case, we need to start to think of *thinking* as a behaviour – it is something that we are doing, which we could choose not to do if we find something else to occupy our minds.⁵

1 nm10@soton.ac.uk

2 Derek Milne, 'CBT Supervision: From Reflexivity to Specialization', *Behavioural and Cognitive Psychotherapy*, 36 (2008), 779 – 786.

3 Marsha Linehan 'Cognitive-behavioral Treatment of Borderline Personality Disorder', (New York: Guilford Press, 1993).

4 Lindsay Stronge and Emma Williamson, 'An Integrated, 'Psychologically Informed' Partnership Approach to Homelessness Prevention', *FEANTSA: Homeless in Europe*, Winter (2013), 7 – 9.

5 Chris Brewin, 'Understanding Cognitive Behaviour Therapy: A Retrieval Competition Account', *Behavioural Research and Therapy*, 44 (2006), 765 – 784.

6 Albert Ellis and Windy Dryden, 'The practice of rational-emotive therapy (RET)', (New York: Springer, 1987)

7 John Teasdale, Zindel Segal and J. Mark Williams, 'Mindfulness Training and Problem Formulation', *Clinical Psychology: Science and Practice*, 10 (2003), 157 – 160

8 Richard J. Longmore, Michael Worrell, 'Do We Need to Challenge Thoughts in Cognitive Behavior Therapy?', *Clinical Psychology Review*, 27 (2007), 173 – 187



So the question becomes, why do we experience such intense emotions when service users seem to engage in self-defeating behaviours, or a service seems not to want to help a service user with whom we're working?

VALUES

One issue that commonly comes up when people describe why they're working in the homeless sector is personal values. These are often about equality and helping others, or generally changing aspects of the world for the better. Values in this sense can be considered as firmly held, personal, global beliefs about how the world should work and how we should work within it. So a value of 'community' may be expressed behaviourally as contributing to endeavours that have a social value, possibly enabling individuals to make positive change. We also often (but not always) tie our value as people into behaving in the service of those values. If it was just the 'input' of the behaviour to which we tied self-esteem, things may be ok. But we often tie it to tangible outcomes, i.e. what we think should happen as a result of our behaviours. Thus when service users or services don't change as we expect or hope when we work with them, we start to have thoughts about our own competence which can, if unchecked, lead to global thoughts such as 'I am totally incompetent' and 'others can see I'm incompetent'. Quite often this is because we set ourselves unrealistic expectations of change and don't see the small increments of change which may be more realistic.

REFLECTIVE PRACTICE

Continual and unrelenting thoughts about our failure, in our own eyes and (we assume) those of our colleagues, are a major factor in burnout. Emotions such as helplessness (repeated experience of 'failure' leading to thoughts that 'nothing I do will ever result in change for the people I work with') and anxiety ('people will see that I'm failing and think badly of me') become common, and avoidance, sickness or leaving become understandable coping strategies.

Training in uncomplicated formulation skills and meta-cognitive awareness, followed by ongoing reflective practice to rehearse those skills (by articulating beliefs about others' behaviours and expectations of self) enables a reduction in these emotions and the development of alternative behaviours. A skilled facilitator can perceive the cognitive processes underpinning staff reports of distress, and help them unpack these thoughts making use of Socratic dialogue (a questioning process), rather than suggesting, telling or interpreting. Learning is maximised when the person is enabled to discover issues for themselves. The group approach enables people to learn from each others' experiences, and provides an opportunity to 'normalise' less useful behaviours within a trusting environment.

EVIDENCE

I have thus far trained around 380 people in the UK within hostel and health environments to think psychologically about their own and service users' issues within the 'Psychologically Informed Environments' framework⁹. Data has been gathered on the factors on which the training and supervision may have an impact, in terms of the theoretically informed pedagogy. These factors are: 1) negative beliefs about the population; 2) confidence in effecting change with the population; and 3) staff burnout. These measures are taken at three time points: before the two-day training; just after the training; and around 6 months into the reflective practice phase.

Preliminary analyses seem to indicate that there are small but detectable improvements pre- and post training on all measures, and that these improvements continue over the longer term as reflective practice progresses. We only have small numbers at follow-up so this last finding is not as robust as the pre-post training result. Interestingly, when we conducted an analysis looking at the changes calculated for each variable, we found that the reduction in negative beliefs was related to the decrease in burnout and to the increase in confidence effecting change. We also found that an increase in confidence effecting change was related to a decrease in burnout. And lastly, we found that the increase in confidence was responsible for the relationship between change in beliefs and reduced burnout, reflecting the anecdotal evidence that beliefs about competence are key in whether staff burn out or not.

CONCLUSIONS

By making explicit use of simple psychological models, we can enable workers to articulate the thoughts and emotions around service and service user experience. Just how our rules and values are contravened by environmental events needs to be made explicit in order for us to be more compassionate with ourselves and others, particularly in the judgements we make about how competent we are. In this way we may be able to not only maintain our own health, but perhaps also work more effectively with the services with whom we work, and most importantly, the individuals we serve.

By making explicit use of simple psychological models, we can enable workers to articulate the thoughts and emotions around service and service user experience.

⁹ Helen Keats, Nick Maguire, Robin Johnson and Peter Cocksell, 'Psychologically Informed Services for Homeless People: A Good Practice Guide', Authors, <http://eprints.soton.ac.uk/340022/1/Good%20practice%20guide%20-%20%20Psychologically%20informed%20services%20for%20homeless%20people%20.pdf>, Accessed June 29th, 2014.



'Mindshift' and Social Work Methods in a Large-Scale Housing First Programme in Denmark

By **Lars Benjaminsen**,¹ *Researcher, The Danish National Centre for Social Research, Denmark*

Experiences from many countries show that most homeless people are able to exit homelessness if they receive a combination of permanent housing and social support. The Housing First approach has changed our views on how recovery processes for homeless people function and has shown that homeless people do not need to be made 'housing ready' before they are housed. On the contrary - they should be rehoused as soon as possible and immediately receive intensive social support. Compelling evidence from more and more countries shows that 80-90 per cent of homeless people with complex support needs are able to exit homelessness through Housing First based interventions. In most cases they are even capable of living in ordinary housing.

Skepticism against Housing First in the social sector is often rooted in an experience where neither affordable housing nor intensive social support is available. Another objection is that it is felt that Housing First is already practised, and that a substantial number of people eventually lose their housing again. However, closer scrutiny shows that the support given to people who move out of shelters seldom follows the Housing First model. According to the Housing First model, the floating support needs to be relatively intensive and to follow evidence-based methods, such as Assertive Community Treatment (ACT) or Intensive Case Management (ICM). The impressive results of Housing First programmes have been achieved by combining permanent housing solutions with these methods, and not through low-intensive and less systematic support.

The implementation of Housing First programmes requires a change in the way we approach housing and social work – a 'mindshift'. Barriers to access to housing for people with complex support need to be broken down, and rapid access to housing and support must be secured. Social support workers must embrace new methods of providing social support and receive training on how to put these evidence-based methods into practice.

The first stage of the Danish Homelessness Strategy from 2009-2013 was one of the few large-scale Housing First programmes in Europe, with more than 1,000 homeless people having been re-housed through the programme. Housing was mainly provided in ordinary public housing, allocated through the municipal priority access system to public

housing. Floating support was given through Assertive Community Treatment (ACT), Intensive Case Management (ICM) and Critical Time Intervention (CTI) methods.

ACT is a multidisciplinary form of floating support where a team of social support workers, a psychiatrist, an addiction counsellor, a nurse, a social office worker and a job centre worker, deliver support services directly in a person's own home. This method is for individuals with complex support needs due to severe addiction problems and/or mental ill health and who have great difficulties in accessing and using existing services. The ACT-support is long-term for as long as the citizen needs this support. The maximum caseload for ACT is 1 to 8, i.e. one support worker has on average a maximum of 8 citizens to serve.

ICM is the provision of a case manager who gives both social and practical support and coordinates the individual's use of other support and treatment services. While ICM is also a long-term intervention, the target group for this method is individuals who are, to a certain extent, capable of using other support services, but who need support in this process. The maximum caseload for ICM is 1 to 8, the same case load as for ACT.

CTI is the provision of a case manager who offers support for a limited period (nine months) in the critical transition period from shelter to the individual's own housing. The target group for this method only needs more intensive support in the transition phase in which contact is established with other support services; the other support services take over after the nine months if there are still support needs. The maximum caseload for CTI is 1 to 10, and thereby slightly higher than for ACT and ICM.

The caseloads for the floating support interventions in the programme were generally lower than in existing floating support work, where caseloads of 1 to 20 or even higher are not uncommon. The higher availability of support enabled the provision of intensive wrap-around support for the individual in the critical phase of moving into his/her own housing, and for a long time after, where needed. The support was highly focused on the citizen's needs by applying the consumer-orientation of the Housing First approach, where the citizen is always asked if they need help with anything.

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The ACT, ICM and CTI methods have primarily been developed and tested in a North American context, and the Danish programme was experimental, as a key objective was to import and adapt these methods to a Danish context and welfare system. One major difference between the US and Denmark is the key role of municipalities not only as the body requiring welfare services but also as their direct provider. In many cases, the floating support was delivered directly by municipal support teams based at municipal social centers, although in some cases they were provided by teams based at a local homeless shelter.

An important lesson from the Danish programme was the importance of local level competence-building. This competence-building involved both a mindshift towards accepting Housing First principles in the municipal organisation and service provision and, more specifically, the practitioners providing the services learning how to provide floating support using the evidence-based methods.

The second phase of the programme, which will run from 2014 to 2016, places continued emphasis on competence building, learning and implementation processes at local level. While detailed descriptions of how to provide floating support using the ACT, ICM and CTI methods were developed in the first stage of the programme, the second stage goes a step further towards systematising the approach as manuals will be developed with additional online tools for ease of access for local social workers. These manuals and tools provide detailed descriptions on how to perform the interventions, the principles and values behind them and the issues that need to be addressed in the everyday work with the citizen. They especially emphasise how to work with these methods in order to improve the citizen's situation in various domains such as housing, financial situation, physical health, mental health, addiction problems, social networks and daily activities. Training social workers and other municipal staff in the Housing First approach and in the floating support methods will play a key role in this.

A condition for implementing the Housing First approach is the availability of affordable housing for the programme. The Danish programme has benefitted from the existence of targeted allocation mechanism of public housing to socially vulnerable groups. However, especially in larger cities, demand outstrips the supply of such housing, and the result is substantial waiting times and difficulties to obtain housing, and this is an obstacle to the process of rapid rehousing which is at the core of the Housing First approach.

Finally, implementing Housing First programmes, with their relatively intensive floating support methods, requires substantial resources and therefore an initial social investment. However, the (relatively sparse) research on the cost-effectiveness of such interventions indicates that there is a high return on such investment for society, as substantial savings are made on the expenses for emergency shelter, emergency wards, hospitalisations, use of psychiatric wards and the criminal justice system. In times of scarce resources to public budgets, rehousing homeless people may not only be of benefit to the homeless individual who is housed but also be a net gain for the public purse. In this way, implementing a Housing First programme involves efforts on multiple levels. While the scaling-up of floating support methods and strengthening the training for social workers providing this support is a necessary condition for implementing a Housing First programme, structural challenges and the organizational setting need to be addressed as well.

An important lesson from the Danish programme was the importance of local level competence-building [...] involv[ing] both a mindshift towards accepting Housing First principles in the municipal organisation and service provision and [...] the practitioners providing the services learning how to provide floating support using the evidence-based methods.



Social Workers: Challenges and Contributions to Housing First Support Programmes

By Patricia Bezunartea Barrio,¹ Assistant Director, RAIS Fundación, Spain

One of the biggest challenges facing public and private organisations that work with homeless people is the need to go that extra mile and deliver lasting high-impact solutions as opposed to the ad hoc solutions being provided to respond to emergencies. The chronic use of resources is an ongoing subject of discussion in Europe, where there is broad consensus among the networks and organizations that work with the homeless – mirrored in important institutional and political statements by various European bodies – concerning the need to redefine care networks and provide other types of services that are better tailored to meet people's requirements (and not vice versa), services that allow them to deal with the long term, guarantee their rights and live in the dignity they deserve as citizens.

In this sense, the *Housing First* methodology has been a major catalyst in terms of how to tackle the exclusion of the most vulnerable members of our society. *Housing First* programmes are based on the conviction that housing is a basic human right and they stem from the belief that people do not need to prove that they are "housing ready" or participate in various forms of treatment, demonstrate perfect personal hygiene or prove that they are sober in order to qualify for decent housing. *Housing First* allows those who are worse off – they may have mental health problems, addictions or disabilities in addition to being homeless – to obtain immediate access to housing straight from the street and become part of the community from then onwards. Once they are settled in, they can draw on a whole range of services and support tailored to their requirements, making it easier for them stay in the housing provided and speeding up their recovery process.²

In this context, the key to enabling people to recover and take the reins of their own lives is other people, paid or voluntary workers who form part of the support teams. This is a basic and essential relationship;³ it is the key to guaranteeing the success of the project and ensuring that people's needs are met instantly, as and when they arise. This relationship guarantees that the processes people embark on thereafter will not end in another failure for many of them. And many of these team members are professional social workers.

The manual in which Sam Tsemberis systematises his *Housing First* methodology⁴ advocates the inclusion – generally speaking – of a social worker on the support team, in addition to the other specialists. The

philosophy underlying this project is fully in line with the premises that have governed social work ever since its inception. At the same time, this working model raises a number of challenges that are liable to make us critically rethink the role of this profession, past and present. Mary Richmond claimed, way back in 1922,⁵ that the success of social casework lies in encouraging and stimulating the client, securing their broadest participation in all the projects concerning them. Richmond's premise was that human beings are autonomous and independent and the art of the professional who is devoted to the service of individual cases is to gauge the individual's requirements and then satisfy them. Another of her assertions is that each human being is unique and different from others, and people must take part in designing and executing the plans that are designed to enhance their wellbeing. Self-determination, allowing people to take decisions concerning their own lives, is the very essence of this profession.

Another of the basic tenets of *Housing First* is its community character. The community (along with housing) is one of the main areas of intervention and, far from acting as a barrier to the recovery process, it is a source of resources and opportunities for forging relationships, participation and exercising citizenship.

Social work has a clear-cut community dimension, even though this takes a back seat in social worker training plans. Authors such as Antonio López Peláez⁶ have drawn attention to the need to reinstate community social work as a speciality in our field and one that should recover its rightful place, particularly in the current climate of economic recession. López Peláez says it is necessary to recover the legitimacy of the community as a sphere for collective action insofar as social exclusion processes involve losses, breakups, situations of isolation and increasing vulnerability. The best way to address vulnerabilities is through mutual support, solidarity and forming links with others; these are the main resources available to us. The challenges posed by society must be tackled collectively.

Furthermore, the community is the space where people can really exercise their rights, hence the need for professionals to redefine social policies by empowering people in community dynamics. We need to incorporate this focus into our professional work, which still leans too heavily on managing state benefits and mitigating the undesirable effects of a society that engenders poverty and inequality.

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2 www.pathwaystohousing.org

3 Rapp, C. and Goscha, R.: *The Strengths Model: Case Management with People with Psychiatric Disabilities* (2006)

4 Tsemberis, S.: *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* (2010)

5 Richmond, M.: *What is Social Case Work?* (1922)

6 López Peláez, A.: "Profesión, ciencia y ciudadanía: retos para el Trabajo Social y los Servicios Sociales del siglo XXI" in *Azarbe: Revista internacional de trabajo social y bienestar* (nº 1, 2012)



In projects that involve strong interpersonal links, as in the case of *Housing First*, the social worker must also really concentrate on developing a series of personal and professional skills that are essential if homeless people are to be supported successfully.

But do the main pillars of the *Housing First* model really form part and parcel of our social work? My answer to this question is not always, not in a radical sense, not as an essential part of our daily practice and this, as far as I am concerned, is the most valuable contribution *Housing First* can make to this profession. As stated in the "Housing First Europe"⁷ project report (evaluating the introduction of the model in 10 European cities from August 2011 to July 2013), this approach involves a change in the balance of power between service providers and service users that is found in institutional accommodation. This means that in addition to guaranteeing permanent housing without conditions for homeless people with more complex needs, support teams need to provide measures oriented towards meeting the individual goals of programme participants and covering their needs and preferences.

What, then, are the issues a social worker participating in *Housing First* type programmes should explore? These are just some of the issues I consider to be most relevant:

- 1. Rights training:** I have already mentioned that one of the cornerstones of *Housing First* programmes is to consider housing as a basic human right and the provision of support as a key element in terms of guaranteeing that this right is exercised. Professionals in *Housing First* teams should be familiar with the laws regarding people's needs and wants such as housing, civil and fundamental rights, immigration and others, and their intervention should be geared towards guaranteeing the rights of rights-holders.
- 2. Professional skills and competence:** In order to show warmth, respect and compassion for people, provide support without being judgemental, respect another person's self-determination and be capable of establishing relationships based on trust, greater emphasis needs to be placed on developing specific professional skills and competence. Among these, communicative and dialogic skills are all-important, as described by Jesús Hernández Arístu,⁸ i.e. the capacity to listen to oneself and to others.
- 3. Developing community-based social work:** The community focus is all-important in the support processes proposed by *Housing First* and it is the basic anchor for a person in that context. Recovery and development processes simply cannot take place unless opportunities provided in the surrounding area are taken into account. Participation, collective action, personal and social mobilisation, relating with and meeting other people all take place within the community context, which is the main window of opportunity for people. As far as social work is concerned, however, community intervention has not been developed as it deserves to be. In the context of today's society, this development is essential.
- 4. Skills for measuring the impact and evaluating and disseminating the results of our work:** There is no doubt that the legitimacy of social work as a discipline basically lies in the fact that it is action-oriented. This, however, should not stop us from transforming this action into valid and proven models and methodologies that we can use to develop our profession. We should be capable of measuring the results of our work, of knowing exactly what functions and what does not, transferring successful experiences after demonstrating exactly what these consist of. And in this respect, we have learnt a great deal from *Housing First*, ever since the programme began.
- 5. Service quality training:** It is those who are most vulnerable who need the best services. Their dignity, trampled upon all too often, and their commitment to their recovery process require a wholehearted commitment to quality from us. This is not merely a declaration of intent, it means really and truly understanding exactly what is required in order to provide good service, developing techniques to guarantee that certain standards will be adhered to, committing ourselves to continuously improving the services and support we provide, and obtaining the satisfaction of those they target.

In conclusion, and to cite Teresa Zamanillo and Lourdes Gaitán,⁹ there are initiatives linked with social work that we cannot afford to turn our backs on: "constantly increasing the professionalism of social workers, fostering critical thinking and the capacity for self-criticism at all levels of formal social work organisations, launching processes geared to promoting the self-sufficiency of those we are trying to help, avoiding relationships where they feel dependent on and inferior to the social worker, and opening the doors to the fertile winds of interdisciplinary focuses".

7 Busch-Geertsema, V.: *Housing First Europe Final Report*, (2013) in www.housingfirsteurope.eu

8 Hernández Arístu, J.: "Retos y desafíos de la postmodernidad al trabajo social" (Challenges and trials of postmodernity for social work) in *Documentación Social* (2009), nº 154

9 Zamanillo, T. and Gaitán, L.: *Para comprender el trabajo social* (EVD, 1991)



Standardisation of Homeless Services in Poland

By **Jakub Wilczek**,¹ *Project Manager, St. Brother Albert's Aid Society, Poland*

HOMELESSNESS IN POLAND

Homelessness has become, since the critical year 1989, one of the most severe social problems in Poland. From then on, the majority of tasks in combating homelessness became the responsibility of the basic administrative unit in Poland – the municipality. It is estimated that the number of homeless people currently reaches 30-70 thousand (of 38.5 million inhabitants), while official data supplied by the Ministry of Labour and Social Policy oscillate around the lower end of this range. Polish homelessness is of a highly traditional character – the homeless population are mostly men (80%), middle-aged and getting older, (the average age of a homeless person is shifting from the 40-50 to the 50-60 range), single (approximately 80%), poorly educated and inactive on the labour market. Approximately 60% of homeless people live in homeless institutions – the remaining 40% use these institutions occasionally or not at all, preferring to dwell in non-residential places and public spaces.

One of the most alarming indicators in Polish homelessness measurements is the average length of homelessness episodes – ca. 7 years for men and ca. 5 for women (with an upward trend in recent years). Studies carried out by NGOs and independent researchers suggest that the global economic crisis has not significantly influenced Polish homelessness (in particular, there has not been a sharp increase in the number of young homeless people, while this is clearly observed in many EU countries). On the other hand, the current state of affairs that keeps people homeless is unacceptable and is mainly caused by failings in the support system for homeless people.

THE PROBLEMS

The weakness of the support system is caused by a multi-faceted spectrum of problems plaguing Polish social assistance, which can be divided into four areas:

- Social policy:
 - Lack of comprehensive social policy on homelessness;
 - Lack of provisions regulating the functioning of social policy as a whole;
 - Lack of a coherent vision of social policy implemented by various ministries;
 - Lack of coordination and cross-departmental cooperation, also locally;
 - Homelessness considered a problem to be dealt with solely by the social assistance system;
 - Lack of coherent strategic plans for combating homelessness at national and often local level.
- System regulations:
 - Existing solutions are intervention-based and occasional;
 - "Managing" instead of solving the problem (lack of regulations regarding prevention and reintegration);

- Lack of funding for reintegration services (the law only provides access to occasional, basic services guaranteeing survival – it does not provide coherent services to help people leave homelessness);
- Lack of service standards (the law defines the services available to homeless people – it does not define how to provide them);
- Lack of guarantees of service quality (e.g. registers, formal supervision).

● Data Collection:

- Lack of reliable quantitative and qualitative data on homelessness;
- A system based on views and judgments – not on reliable knowledge;
- Lack of monitoring systems, proposed solutions ad-hoc in character;
- Lack of reliable data on homeless people outside the support system (rough sleepers);
- Lack of a coherent understanding of homelessness – weak definitions;
- Lack of participation of homeless people in the creation of social policy.

● Cooperation:

- Lack of cooperation (and even competition) between service providers;
- Lack of consolidation of ideas, values and directions of activities undertaken;
- Lack of principle of cooperation between the public sector and NGOs – numerous antagonisms and conflicts;
- Lack of a legal basis for cooperation with other stakeholders (the uniformed services, health services, housing services, justice, etc.)

THE PROJECT

This accumulation of problems facing the Polish homeless support system has prompted the Ministry of Labour and Social Policy to initiate cooperation with a partnership of NGOs aiming at implementation of a project standardising services for homeless people (as well as other areas of social assistance). The project, named "Creation and Improvement of Standards of Social Assistance and Integration Services", has been implemented between 2009 and 2014 with the financial participation of the European Union under the ESF Human Capital Operational Programme. The total value of the project is ca. 170 million PLN. The module dedicated to the standardisation of homeless services (implemented along with modules dedicated to the standardisation of general social work, community organisation and computerisation of social assistance units) is implemented by a partnership of 6 NGOs – the largest service providers in Poland (Pomeranian Forum in Aid of Getting Out of Homelessness, St. Brother Albert's Aid Society, Caritas Diocese of Kielce, Monar Association, Barka Network, "Open Door" Association), in cooperation

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with a government agency – Human Resources Development Centre.

The main objective of the project (as regards homelessness) is to enhance the effectiveness of the homeless support system through the development and implementation of a support model (framework), including standards of services for homeless people and those at risk of homelessness (this model is also called the Municipal Standard of Leaving Homelessness), which can be incorporated into municipal strategies for solving social problems. Specific objectives include:

- assessing the problem of homelessness and the homeless service system in Poland,
- developing a model that contains service standards in 6 areas (street outreach, social work, housing, local partnerships, health, employment & education),
- testing implementation of the model in selected municipalities,
- proposing recommendations for legislative changes,
- creating a model for a coherent homelessness policy system covering prevention, intervention and integration.

THE ASSESSMENT

The first stage in the project was measuring the phenomenon of homelessness in Poland and assessing the performance of the support system – social services for homeless people in 6 areas. To do so, expert groups were created, consisting of nearly 100 experts representing NGOs, local governments, independent researchers and other stakeholders. Furthermore, a research team was set up to support the work of the expert groups. The diagnosis allowed identification and proper description of the problems facing the homeless support system, and thus became the starting point for developing the model – the Municipal Standard of Leaving Homelessness.

THE MODEL

The expert groups created in the assessment phase, using the experience and information gathered during it, created a model (framework) designed to solve the problem of homelessness locally by implementing standardised services at three levels – prevention, intervention and integration – in the following areas:

- street outreach,
- social work,
- housing,
- local partnerships,
- health,
- employment & education.

The model is a universal package of services giving a municipality the possibility to choose the elements for its own homelessness policy that meet local needs (based on a local assessment). This policy should constitute a part of the municipality's broader social policy framework by being included in the municipal strategy for solving the social problems (an essential strategic document obligatory for each municipality

in Poland). The key part of the model sets standards for local partnerships, as these are the basis for implementing other services and for ensuring cross-sector cooperation (the lack of which is one of the fundamental problems facing the Polish homeless support system). A strong emphasis on services in the areas of prevention and integration aims at moving away from traditional forms of homeless support focused nearly exclusively on intervention – usually limited to food and shelter. Innovative (by Polish standards) street outreach and housing-led (including Housing First) services are of key importance here. Equally important are the standards of services supporting the reintegration process in the areas of health, employment and education. Social work is the service that brings all other services together.

During the development process and after it was complete, the model was subjected to numerous assessments – expert opinions, reviews and debates at many seminars. The purpose was to ensure the maximum impact of stakeholders not engaged directly in the project on the final shape of the model.

THE TRAINING

After completion of the model (2011), an open competition was announced to select 30 local partnerships and prepare them for a test implementation (pilot study) of the model. Comprehensive training sessions for 300 participants, 30 local assessments and direct support in the development of local projects implementing the model were provided during this phase.

THE PILOT STUDY

After assessment of the 30 proposed projects, 19 were selected for implementation. Their total value amounted to 15 million PLN. The model was tested over a period of two years (2011-2013) in various parts of the country, in municipalities of different size (starting from the capital - Warsaw, down to the municipality of Lwówek with only 9,000 inhabitants) and nature (large urban agglomerations, smaller towns, rural areas). A significant number of various services from all areas of the model were launched as part of local projects; the most visible were of course renovations of homeless shelters implementing higher standards of living and new housing-led solutions. Nonetheless, the new services in the fields of social work, street outreach, health services, education, counselling and support in the labour market and finally, day-centres of different kinds, were equally important. Overall evaluation of the tested model was positive, although local partnerships have provided many valuable comments and significant corrections.

THE RECOMMENDATIONS

When local projects had been completed in 19 municipalities, the expert groups resumed their work on the model. The aim was to include the experiences from the projects. A revised version of the model was submitted to the Ministry of Labour and Social Policy at the end of 2013. Meanwhile, with the support of legislators, the expert groups were also engaged in preparing recommendations for necessary systemic and legal changes. Proposals for legislative

A significant number of various services from all areas of the model were launched as part of local projects; the most visible were [...] renovations of homeless shelters implementing higher standards of living and new housing-led solutions.



changes mainly concern the Social Assistance Act of 12.03.2004 and the Public Benefit Services and Voluntary Work Act of 24.04.2003. Key proposals for amendments provided for implementation by 2020 include:

- changing the definition of a homeless person and introducing the definition of a person at risk of homelessness;
- introducing an obligation to measure the problem of homelessness at municipal level;
- describing a minimum range of issues related to homelessness that should be included in municipal strategies for solving social problems;
- introducing an obligation to create executive programmes dedicated to solving the problem of homelessness in larger municipalities;
- changes in the responsibilities of municipalities concerning the funding of services for homeless people;
- regulating the implementation of general social policy;
- introducing new legal solutions allowing local partnerships (at present no legal form allowing a formal partnership between a municipality and NGOs exists in Polish law);
- defining street outreach as a new method of social work and the profession of outreach worker;
- separation of social work and administrative activities in the social assistance units;
- introducing an obligation for social services to monitor rent arrears;
- granting access to social work assistance to individuals about to leave prison;
- introduction of new types of institutions for the homeless (warming rooms, day-centres, housing-led solutions);
- defining standards of living to be met by different types of homeless services;
- introducing new tools for funding the creation of housing-led solutions;
- prohibiting evictions directly to homeless shelters;
- changes in provisions on access to health insurance and services for homeless people;
- introducing new employment services used in work with homeless people and changes in the existing ones.

The system-level recommendations include:

- adoption and implementation of the National Programme for Solving the Problem of Homelessness and Housing Exclusion 2014-2020 (the draft programme had already been developed and was submitted to the Ministry of Labour and Social Policy in the end of 2013);
- adopting the model as the Ministry's official guidelines for homeless services;

- modifications to the existing government programmes supporting homeless people;
- commencement of a new act on social policy principles;
- inclusion of the standardised services in the new 2014-2020 financial perspective of the EU Funds, with a particular emphasis on the use of the ERDF to develop housing-led solutions;
- establishing mechanisms for monitoring and updating the model and the particular service standards.

THE DISSEMINATION

The whole of 2014 is dedicated to the dissemination of the model and other results of the project. In addition to organising a number of seminars, it means an attempt to introduce the model and recommendations and gain decision-makers' support – i.e. the President and the Prime Minister of the Republic of Poland, the Minister of Labour and Social Policy, the Minister of Health, the Minister of Education, the Minister of Infrastructure and Development and other ministers, as well as the members of parliament, particularly the members of the Parliamentary Committee on Social Policy and Family. In the meantime, the NGOs implementing the project are responsible for the dissemination of the model through training and consultations in the municipalities – it is planned that nearly 700 of the 2,500 municipalities in Poland will receive this form of support.

CONCLUSION

All parties involved have high hopes for the model – the test in 19 municipalities alone has shown a tremendous need for standardisation in homeless services. Although the cooperation is neither easy nor conflict-free (e.g. the recent disputes on the National Programme for Solving the Problem of Homelessness or on the amendments to the Public Benefit Services and Voluntary Work Act), all NGOs involved expect that the model will soon become the Ministry's official guidelines and the submitted recommendations will be engaged in the legislative process and become law by 2020.

This will allow a more coherent, cross-sector social policy on homelessness, putting an end to the traditional intervention and shelter-based homeless support system, providing adequate programmes and services based on a thorough knowledge of homelessness at local and national level, facilitating the work of social workers and other people involved in the system, introducing a new quality of cooperation for the benefit of local homelessness prevention, reintegration of homeless people and thus substantially reducing the magnitude and negative effects of homelessness in Poland.

The article is based on the publication "Podręcznik Model Gminny Standard Wychodzenia z Bezdomności" ("Municipal Standard of Leaving Homelessness. Manual to the Model") scheduled for printing in August 2014.



The Future of Homeless Employment Policy in Poland, Following Forthcoming Reforms

By **Paweł Jaskulski**, *Saint Brother Albert's Aid Society, Gdańsk, Poland*

The history of the Polish welfare system is as complicated as the history of Poland itself. During the communist era, governmental propaganda claimed that there were no social problems (or any other problems) in the country, so the existence of social welfare institutions was not tolerated. This part of social life began developing after 1989.

For the past 25 years, Polish welfare institutions have been trying to catch up with modern standards and build the whole sector from the beginning, by creating a basic infrastructure, writing laws and educating its own specialists in different areas of social policy. Though an awful lot was achieved in those years, there are still some issues that need improving. One of them is employment services for homeless people.

Since Poland joined the European Union there have been a lot of fantastic projects aimed at improving the employment prospects of homeless people. These have been developed by many institutions across the country, but none of them have been mainstreamed into the national system.

There is still no national law or strategy on homeless employment services. Such things as a "social reintegration systems" or "exiting homelessness" do not exist for homeless people in Poland at all. National law only obliges municipalities to provide food and emergency accommodation to homeless people. The national government is not responsible for homeless people at all. There is no obligation to help homeless people find employment, so most municipalities do not do it. Of course, it is not forbidden to provide more services and if a municipality wants to do it, they can. But most local governments cut costs and reduce expenses to only basic services, which are required by law. Only a few of them try to organise anything more than meals and shelter.

Thanks to EU funds this situation may change soon.

A few years ago, Poland received a huge grant from the European Social Fund, to be used for preparing and testing new standards in social services. Homeless services were also targeted. Over 30 million Polish zlotys (around 7,5 million euros) was spent on a project called GSWB (Gminny Standard Wychodzenia z Bezdomności), which lasted 5 years and led to the creation of complex standards of services for homeless, the main goal of which is to lead clients out of homelessness. It also contains standards for employment services.

At the moment, the whole document is going through a process of administrative and legislative checks, which usually takes a while, but it should be mainstreamed into national policy within the next few years, at least the majority of its clauses will be.

It's a huge document, hundreds of pages long, but the main change (from an employment point of view) is that employment services for homeless people are on the list of services, which have to be provided by every municipality. The document also lists a wide range of different employment services that local government can implement, depending on their needs.

Does this mean a revolution for the Polish homelessness sector?

Yes and no.

If all standards and services contained in the document were mainstreamed across the whole country – that would be the biggest revolution in Polish social welfare since 1989. But, the truth is, that the whole document came about thanks to a long process of dialogue, during which lots of different institutions had a chance to make comments or remarks. As a result of this, the whole document is a one big compromise, between all main contributors, with "soft" rather than "strict" clauses. It leaves the possibility for different interpretations and it "suggests" some solutions, rather than "commands" them. It means that if a local government tried really hard to avoid any changes, it would be able to. There are some ways out than can be used by municipalities that employ a negative approach to homelessness.

The question is, how many municipalities will react positively and how many will try to avoid the new rules?

I believe that the majority of local governments in Poland will have a slightly positive approach towards new standards and most of them will start to develop at least some services.

What does this mean for the typical social worker who works with homeless clients in Poland?

If s/he works for one of the few Polish institutions that are active in field of social inclusion and run employment projects on a daily basis – then nothing will change. The only difference will be the source of funding (local government instead of the ESF) for most of the activities undertaken. But this is not really significant from social worker point of view.

If s/he works for a typical Municipal Social Welfare Center (and that's the majority of Polish social workers) then his/her work will change quite significantly. Besides finding available beds in the night shelters and giving cash benefits to the clients, social workers will have to also assess clients from an employment point of view, choose the right way to help him/her into employment and (if possible) reintegrate him/her into the labour market, and organise these services for him/her.

For many municipal social workers who have never done it before, this might be quite a challenging task. Some of them would need extra training so they can learn new working methods. A few special training sessions were organized for social workers at the end of whole GSWB project, but the number of participants was quite limited, so there will definitely be a need for more education among workers in the social welfare sector when the whole standard becomes part of national regulations.

Of course, such big changes cannot happen in one day and no matter which scenario becomes reality in Poland (more negative or more positive approaches from local governments), it will be another few years before serious changes start to be seen across the whole country. Municipalities will need to find a constant source of funds, staff will need to be educated and service providers will need to organise new infrastructure, but I believe that sooner or later homeless people in Poland will notice a difference.

It's going to be a really busy few years for all social workers in Poland...



The Homelessness Coordinator Is Ending His Mandate. What Comes Next?¹

By Carl Wirehag,² Policy Assistant, FEANTSA/ Social worker, Gothenburg City Mission, Sweden

[T]he common denominator of most countries where large improvements have been made on [homelessness] during the last decade seems to be [...] national coordination and long-term strategies.

In Sweden, homelessness has traditionally been a local government issue and, even though there has been some wider coordination at national level in the past, municipalities and social services have had a large degree of freedom when developing their homelessness strategies and policies. Looking back at the last decades shows that many of these policies, especially concerning housing and the staircase model used extensively among Swedish municipalities, have not delivered as promised. At the same time, the field of homelessness research has taken huge steps forward in both Europe and the US and we now have access to new guidelines and evidence-based methods on how to combat the issue of homelessness, with Housing First currently being one of the most discussed and promoted housing methods across Europe. Although Sweden is considered to be a progressive country concerning these issues, a gap exists between theory and practice and the question is how to take this great leap forward. We need to take steps towards a more integrated and cooperative approach linking different bodies of social services targeting homeless people, not only within but between municipalities and at regional and national level. Just looking across the Baltic towards our closest neighbour, Finland, we find that they have come much further along in their work towards preventing evictions and lowering the number of homeless people through a national initiative to coordinate local social services and housing. If we continue across Europe, the common denominator of most countries where large improvements have been made on this issue during the last decade seems to be this national coordination and long-term strategies. So, is this the way forward for Sweden?

Looking at initiatives taken by the ministry of social affairs in recent years, one might draw the conclusion that they had also realised that this is the way forward. In 2011, a project to evaluate and oversee municipal work on homelessness was initiated by the ministry of social affairs. A homelessness coordinator was given a two-year mandate to visit, talk to and evaluate local social homelessness services and promote good practice among a large number of Swedish municipalities. As this mandate is ending later this summer and as we are still waiting for the conclusions of the final report, it is too soon to draw any conclusions on recommendations and future national targets concerning homelessness.

However, while attending a homelessness conference organized by the ministry of social affairs and the national homelessness coordinator in Västerås on the 7-8 of April this year, I listened to the presentation of the homelessness coordinator's conclusions so far. What became clear while listening to this presentation was that there is a need for coordination of homelessness policies at national, regional and local level. As most people working in the homeless sector know, it is one of the most complex and cross-sectorial social issues that exist within the welfare state. Therefore, there is an even greater need for oversight and coordination between local stakeholders and broader policies and guidelines than in other social areas, especially if we really want to commit to real change in this area. Today, there is currently no single body that is able to oversee all these different processes in relation to homelessness, since this is an issue divided into a number of different local, regional and national bodies. One major problem with this lack of coordination is that it leaves every municipality with the task of inventing their own strategies which, as history has shown, are often lagging behind best-practices and evidence-based research methods.

As the Swedish homelessness coordinator is ending his mandate later this summer, the big question is, what comes next? Will the end of this initiative mean that we are taking steps forward or will the knowledge gained slowly fade away? Hopefully the conclusions of the coordinator's final report will suggest the creation of a national centre for coordination on homelessness. As discussed previously, this seems to be a key for success in combating this issue in many of our neighbouring countries. So, will this report take the necessary steps forward to prepare the ground for a national coordination centre on homelessness with real power? Will it create a centre that can work proactively on this issue through promoting evidence-based best practices, provide municipalities with evaluations of their present homelessness work and create the possibility for both a horizontal and vertical system integration of this issue?

Hopefully, this report will be just this much-needed great leap forward for Swedish homelessness policies I have argued for and hopefully it will be followed by swift action in setting up this strategic centre of homelessness coordination. In a couple of weeks we will know. I for one will be waiting with great expectations.

1 This article was written in June 2014. The Homelessness Coordinator's report was subsequently published and is available in Swedish at <http://www.regeringen.se/sb/d/16544>

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Social Support for Homeless People in Lithuania. Where Are We Heading?

By **Aida Karčiauskienė**,¹ *Director of the Night Shelter, Vilnius Caritas, Vilnius, Lithuania*

There is quite a narrow definition of homelessness in Lithuania. Most homeless people are commonly perceived as those who have lost the roof over their heads or as people residing in homeless shelters. Official data regarding homeless people were first gathered during the general population census in 2001. At that time, the definition applied to homeless people was very minimalist. Homeless people who had the opportunity to be using homeless shelters at the time of the general population census were not included into the category of homeless people, but were attributed to the category of people living in institutions.² In 2011, the definition of a homeless person was extended slightly. It was claimed that a person is to be considered homeless if s/he has no permanent residence and no funds to rent or buy even basic accommodation and therefore sleeps outdoors, in sewers, landfill, heated roads, buildings which are not intended for human habitation, and in night shelters.³ Although this definition allowed attributing persons who reside in temporary homes (homeless shelters) to the category of homeless people, part of the homeless people living in homeless shelters were still not named as homeless, but were registered as residing in institutional homes.⁴ This was used as an explanation to the “decreased” number of homeless people when in 2001 there were 1250 registered homeless people, while in 2011 there were only 857.⁵ Nevertheless, the aforementioned data from the national population and housing census are not representative enough, since further research has shown that the actual number of homeless people is much greater.⁶

The concept of homelessness as a relevant social problem in Lithuania began to be noticed around the year 2000.⁷ One of the main aims of the Strategy on Poverty Reduction in Lithuania (2000) was to reduce the poverty of the most disadvantaged social groups, including homeless people. Municipalities were given the obligation to ensure a sufficient number of places in homeless shelters as a temporary measure of assistance to homeless people. In the Joint Inclusion Memorandum of the Republic of Lithuania (2003), ensuring adequate housing for everyone is named as one of the main challenges to overcome. The need to develop the extent and variety of municipal services provided to homeless people is identified as one of the main direct measures to be used for solving the problem of homelessness. The development of housing for homeless people was scheduled in the National Action Plan against Poverty and Social Exclusion in 2004-2006. Prevention of homelessness and indebtedness is distinguished as one of the main measures in the field of preventing the risk of

social exclusion, enacted through the development of support measures for indebted people and a means of their application.

Often, objectives and measures provided in programmes and action plans related to this social group are not properly implemented. Marginalised homeless people seem to be marginalised in the State’s social welfare horizons as well. The support measures for indebted people are underdeveloped; there is a serious shortage of flexibility in the governmental policies regarding the support of destitute people who still live in their own apartment. Since 2009, the funding for social housing development has decreased dramatically – LTL 69.2 million were allocated in 2008, and in 2009 the amount had decreased to LTL 14.7 million.⁸ In 2014, LTL 18.25 million were allocated.⁹ The planned development of variety in housing options and number remained a plan: out of all possible accommodation services the remaining ones are only homeless shelters and social housings which, due to the lack of clearly regulated policies in Lithuania, may not be identified as an effective measure against homelessness, since the demand for social housing is increasing every year and the numbers of people receiving it are very low.⁶

By the end of 2012, there were 31.5 thousand households on the waiting list for social housing, as well as 70 thousand residents of similar households, entitled to social housing – this number is 4% greater than in 2011. Only about 3% had their request granted.⁸ In early 2014, 32.5 thousand families were on the waiting list.⁹ A highly relevant issue is that over 82% of currently rented social housing is occupied by persons that may not be entitled to it.⁹

This situation might have been partially caused by the fact that for a long period of time housing and homelessness issues were solved by several different ministries – the Environment Ministry (responsible for the implementation of the Lithuanian housing strategy) and the Ministry of Social Security and Labour (responsible for the implementation of the social housing policy). The division of responsibilities and variety of regulatory documentation work has aggravated the rise of homelessness and made solving issues related to homelessness more difficult; also, the situation has deteriorated because of the fact that homelessness could be considered both as the outcome of inappropriate housing policy and of the inadequacy of the social housing supply and access to it.⁶ Since early 2012, the Environment Ministry of has been responsible for government policy on the manage-

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2 Kanopienė V., Mikulionienė S. Lithuanian homeless people: living conditions. – *Social Work*. Vilnius: LTU, 2004, No. 3 (1), p. 49-64.

3 National Lithuanian Population Census, 2011, Statistics Lithuania

4 Statistical Council Meeting Minutes, 2012-11-08, No. TPP-05, Statistics Lithuania, Vilnius

5 Population Number Distribution by region, age and gender. Lithuanian Population and Housing Census 2011. Statistics Lithuania.

6 The number of homeless people estimated during the population and housing census in 2001 was two times lower than the number in data gathered by municipalities. In March, 2013 the database of homeless people and people begging in Vilnius municipality alone held information about 1107 persons.

7 Indriliūnaitė, R. (2013). Homelessness in Lithuania: the survival practices of the residents of a homeless shelter PhD Thesis [manuscript]: social sciences, sociology.

8 Lithuania Statistical yearbook 2013. Statistics Lithuania. Vilnius

9 http://www.respublika.lt/lt/naujienos/lietuva/lietuvos_politika/stogas_virs_galvos_po_30_metu/print.1



ment, maintenance and renovation (modernisation) of residential buildings, while the Ministry of Social Security and Labour was assigned the responsibility of coordinating governmental policies regarding State assistance for housing acquisition or rental. As a result, since January 2012, all social housing in Lithuania has been transferred from municipalities to the Ministry.

In May 2014, the Government approved a draft law concerning support for housing acquisition or rental which was drawn up by the Ministry of Social Security and Labour in order to deliver changes in the system. The main novelty in this law is the way of aid for housing rental is given – compensation of part of the rent or lease. Persons (families), who are entitled to receive social housing and are renting housing in the private rented sector from natural or legal persons (municipalities excluded), shall be entitled to receive compensation of part of the rent or lease. The draft law also allows the sale of municipal housing for a price estimated at market prices after evaluation of the tenant's investments into the property, which may change its value. Another novelty - a planned increase (up to 20%) in the upper limit for income or assets, which, if exceeded, eliminates the right to lease social housing. It is expected that these changes will reduce the number of people eligible for social housing by 40%. The Ministry expects the two aforementioned measures to take effect in 2015.¹⁰

New procedures for allocation social benefits that took effect in June 2013 also directly influence homeless people. The aim of these new regulations is to strengthen the procedures for allocating social benefits, so that financial social support is only provided to those who are truly in need. It is expected that such measures will encourage persons of working age to show more interest in job opportunities, participate in public works¹¹ or retraining programmes suggested by the employment offices, be employed in a subsidized job, etc.⁹ Moreover, it is expected that the new regulations will save municipalities money, so that they can later distribute it at their discretion. As the research of the Lithuanian Social Research Centre revealed, unused social support funds are often directed for municipal needs that are not related to social support, which may increase poverty levels in such municipalities. In addition, unregulated use of unused funds may be an incentive to diminish social support expenses even at the expense of support for disadvantaged people.¹²

The adopted amendments stipulate that in cases when a person who used to receive financial support becomes employed and his/her family income does not exceed the State-supported income (LTL 350/ EUR 101) by 20%, the municipality must provide the family with a fixed amount of social benefits. Employment will be encouraged by providing all persons who have been unemployed for over a year and have found a job with 50% of their former social benefits as an addition to their salary for 6 months. Until now, this order was only applied to long-term unemployed

people with children. Amendments also include the decision that financial social support shall not be allocated if the beneficiary voluntarily terminated his/her registration at the territorial employment office or was eliminated from the list; s/he shall only be allowed to re-apply for it after being registered with the employment office for three months. Also, according to the former regulations, an unemployed person was entitled to receive social benefits for 36 months, and their amount would start to be gradually reduced only after that period. After the adoption of the aforementioned amendments, social benefits for an unemployed person will only be paid for 12 months, and will begin to decrease gradually afterwards. After 24 months, it will decrease by 30%, and by 40% after 36 months, etc.⁹ Despite the fact that great expectations are placed on this system hoping that it will encourage people to work, research into employment trends does not confirm that the applied financial social support model influences changes to employment levels.¹⁰

There will be changes for those receiving heating allowance as well. Under the old arrangements, assistance was only provided when the place a person was living in was his/her official place of residence. According to the new system, the municipality can evaluate and decide whether or not to grant the heating allowance to a person in his/her actual place of residence.⁹

Decentralisation of social support may cause increasing regional differences, since each municipality allocates its resources based on its priorities, criteria and resources. During the assessment of financial social support allocation, saving money, rather than granting support to disadvantaged people and reducing social exclusion, which is the ultimate objective of the financial social support, may become a priority.¹

When the question 'Where are we heading?' is asked in the context of the situation as regards social support for homeless people in Lithuania, the answer could be that we are still in the same place. More time and evaluation of the most recent changes made in the social support system are needed, in the hope that the latter will not only be effective, but will give benefits to homeless people as well as to the most marginalised people. Because until now, as noted by R.Indriliūnaitė,¹⁰ on the one hand, the situation of a homeless person, who is a person in social risk, allows him/her to expect and receive social support, on the other hand, the insufficiently effective mechanism of the social security legislation implementation does not always guarantee the granting of such assistance. A lack of flexibility, continuity and purposefulness in the provision of social support for homeless people originates from the absence of a clear strategy on the homelessness issue and from the definition of a homeless person, who should be perceived not only as a person in social risk, but as a separate target group in the process of social support provision.

¹⁰ <http://www.socmin.lt>

¹¹ Public works is a service provided by the Lithuanian Labour Exchange. Unemployed individuals can be placed into public works by the Lithuanian Labour Exchange. This kind of job is usually short term.

¹² Prospects of social support provision to disadvantaged people through the implementation of independent municipal functions. Lithuanian Social Research Center, 2013-10-11. Vilnius



Athens: Social Exclusion and Increasing Homelessness – The Financial Crisis and the Approaches to the Problem

By **Dimitra Nousi**,¹ *Director, Athenian Municipality Solidarity Centre, Greece*

THE NEED FOR THE FIRST SOCIAL SERVICE FOR HOMELESS PEOPLE

When the Municipality of Athens started to organize soup runs in the centre of Athens in the mid-'90s, the purpose of this unprecedented action was obvious: people addicted to substances, people isolated from their family environment, people with serious mental health issues had to find food within the city, where they had also taken shelter.

THE HOMELESSNESS FOUNDATION

The arrival of refugees and immigrants of Asian origin, mostly originating from war zones in Iraq and Afghanistan, has brought a new group of people affected by social exclusion to the Municipality's soup runs, especially since 2001. The first major change to the social services provided by the Municipality occurred in 2005. It was at that time that the Athens Municipality Solidarity Centre (AMSC, better known as the Athens Homelessness Foundation) began its work. AMSC is an independent, municipal foundation oriented exclusively towards combating poverty, homelessness and the social exclusion caused by these conditions. The social workers at the Foundation only work with this particular social group and have the duty to: provide social and mental health support to the homeless and poor people in the city, so as to build social coherence and provide protection for the impoverished people in the capital of the Greek state.

In 2011, AMSC handed out food twice a day. At 12.00pm the "regular" homeless and poor people would come, the vast majority of whom were Greeks. However, at 6.00pm the visitors were mostly foreigners. According to the 2011 soup run records in **every day, a total of 872 people were fed, of whom 500 (57.33%) were foreigners and 372 (42.67%) were Greeks.**

The sheer numbers demonstrate the kind and the extent of the experience the social workers gained every day. In addition, these social workers approached the problem of homelessness at its most acute, by providing social and mental health support:

- to more than one hundred and fifty homeless people, who were housed in the Foundation's shelters, and
- to more than three hundred homeless people, who were found on the streets and were mainly substance users.

THE ECONOMIC CRISIS AND ITS EFFECTS

With all the Foundation's programmes, the social workers have tried hard to reach the visible and the hidden homeless population, as well as those at risk of homelessness. Their approach is based on rapid intervention, making procedures more efficient and identifying risk which, is always treated as an emergency. The work the social workers do is based on a genuinely creative idea. The experience of Athens has led them to address homelessness and the risk of homelessness through a constructive approach that does not mean adapting an established model, but is rather an attempt at an immediate reaction to a situation of acute and exceptional need. This is given the fact that drastic changes occurred within a very short period of time, as described below.

A. The Soup Run for Homeless and Poor People

In 2012, AMSC employees came to the conclusion that the profile and the amount of people coming to the Foundation for help had changed rapidly and significantly. The first step in dealing with this new situation was to document it in an appropriate manner, and to announce our findings at a press conference, which took place in autumn 2013. A total of 193 pages of the study focus on those using our Foundation's soup run. During 2013, **every day, a total of 1061 persons were fed, of whom 503 (47.40 %) were foreigners and 558 (52.60 %) were Greeks.**

This information was gathered for the first time through interviews, and a total of 1667 questionnaires were filled in. 28.57 % of respondents answered that they were homeless and living on the street.

B. Street Work During the Economic Crisis

Since mid-2013, daily shifts of outreach work have been taking place in the morning and afternoon. This enabled us to conduct 680 interviews with 480 persons who live on the street over a three-month period, and to map 178 areas where they were found. The study of their profiles shows that: 277 (61%) are addicted to alcohol or other substances, 370 (77%) are men and 110 (23%) women, 254 (53%) are Greeks and 220 (47%) foreigners, while only 170 (35.41%) of them fulfill the criteria for staying in our shelters.² Of those who fulfill the corresponding criteria, only 91 (18.95 %) expressed their interest in the accommodation programme we provide. In the end, only 20 (4.16 %) of them have agreed to enter the programme on

[T]he profile and the amount of people coming to the Foundation for help ha[s] changed rapidly and significantly.

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² Physical ability to deal with needs independently, not in possession of a house and non-addict persons.



offer. The conclusion that derives from the above is that while the economic crisis has differentiated the profile of the people coming to the soup runs, it has not yet changed the one of the homeless people who live on the streets of Athens, according to our recorded experience from the hundreds of people with no home.

C. Poverty and the Risk of Homelessness

The third area our Foundation's workers have studied is modern poverty in Athens and the connection between this new phenomenon and the risk of homelessness. The AMSC had been running a programme for free provision of food and material resources since 2007, targeting families. In autumn 2010, 701 households applied to the programme (the Social Food Bank). Of these, 200 applications were approved and 501 were not included in the programme.

In the years that followed, a steady increase in the number of applications was observed. Because of this, AMSC social workers, aided by sponsors, are constantly creating new programmes for providing material assistance. This includes two types of programmes:

- i) Programmes of occasional assistance from which families receive support when there are any donations of material goods.
- ii) Programs of continued assistance from which families receive permanent (not occasional) support, because a special private sponsorship has been granted which allows for long-term action.

Currently, 890 families per year receive free food and other material resources on a permanent basis, while in 2010 this number was 400 families per year.

Nevertheless, in autumn 2010, 501 families were occasionally supported by AMSC, while, today, this number has risen to 3000.

The basic idea of the aid programmes is to provide support to the families in their homes, in order prevent their homelessness. The objective for social cohesion is: to allow the families to receive a minimum income from social welfare or unemployment benefits, enough to cover their housing, electricity and water supply costs, while using the free distribution of food, clothes and medicine to contribute to the survival of modern day poor people, the victims of the crisis, with some decency. In this way, we hope to provide an antidote to the risk of losing their homes in an economic crisis. It is about making a link between poverty and hidden homelessness or the risk of homelessness, which we consciously and intensively try to

do in order to prevent homelessness, rather than dealing with it retrospectively. Therefore, we monitor and measure how likely it is that the people who use our social services will keep their homes, according to their assessment of their situation. In May 2014, 1704 households had applied to a programme of constant material assistance (the Social Grocery Store). Of these, 308 (18.07 %) stated that they had rent arrears and/or outstanding mortgage repayments which meant they risked losing their home.

C. New Terms and Qualitative Characteristics

By studying the profile of people who were turning to our services for the first time, we were obliged to invent definitions that did not previously exist.

The term we use to characterise this new social group is "neo poor" or "modern poor". Having more and more experience working with this new social group, in order to help these people deal with their new life, this new social role they dislike and that makes them feel depressed and miserable, we define "modern poor people" as the individuals who have lost their income because of the crisis, on a massive scale. Our term means that:

1. Modern poor people do not belong to the usual or "traditional" social group of poor people. We know that poor people have always existed in every society and will always exist.
2. Modern poor people are not only modern unemployed people, but also people who used to have an income from a professional activity, but have lost it.
3. Modern poor people appeared suddenly and massively. It is not a limited number of individuals, but a social and economic phenomenon.
4. Modern poor people lost their income not because of their personal choices, or risky decisions, but because of the crisis.

Because of the above characteristics, it was considered necessary for the constant material assistance programmes to include, simultaneously, programmes of constant social and mental health assistance. Therefore, spaces that look more like homes or stores and less like social services were organised. There are rooms available for games and creative activities for children, where parties can take place, medical practices where free of charge examinations and vaccinations are carried out, sessions for the psychological support of teenagers, parents, unemployed people who are entitled to consultations, and so on while, at the same time, food is handed out to the same beneficiaries that need it.



Given the totally new situation described above, let us conclude that the social workers face a new professional environment, because they have to deal with a new social environment which is now changing faster than ever before during the last six decades. The social workers, sociologists and psychologists have to support groups of people who had never had any contact with social services before. The effects of the crisis can be illustrated like this: crisis → new social exclusion → new social profiles → new experience for social services.

For instance, acquiring sponsorship is a very strategic target for our foundation because of the crisis. Sponsorship means less bureaucracy, lower costs and more effective services. All these factors are absolutely necessary in order to go on working against social exclusion in crisis conditions. Social workers are a basic factor in successful sponsorship agreements. Our research focusing on the social profiles of this modern poverty phenomenon is becoming an important reference point for more and more donations or sponsorship. The basis of our agreements is our needs, proven by our research. This is the first step in making an agreement with a private benefactor. The second one is making a programme based on these needs for a number of beneficiaries and paid by the donor. Finally, the social workers and sociologists give the donors the effectiveness they require - research results focused on the social characteristics of the people who are helped and also the support they received through the programme. These agreements are actually like an alliance between two parties: the donor participates by giving money and our organisation participates by giving the "know how". The more unquestionable and definite our "know how" is, the more projects we can get sponsored.

Our social workers can easily gain very extensive experience of the social environment in times of crisis, dealing as they do with such a high number of people who have to be supported because of the crisis. On the other hand, our organisation is a public (municipal) organisation. That is why we are absolutely obliged to work with fewer human resources every year, as a result of the cut in salary expenses because of the crisis and austerity measures. Fewer contracts with experienced social workers year on year means that fewer social workers are obliged to deal with more and more needs. It is very optimistic to believe that next year our effectiveness will be at least the same as last year, while we will have fewer social workers. It would seem like a miracle.

CONCLUSION

The visible threat of homelessness in an extreme economic crisis has obliged the AMSC to operate with originality and creativity and beyond any precedence within a very short period of time. Finally, it must be pointed out that the victims of the economic crisis are not only those who use AMSC services, but also the employees of the Center. Due to the economic cutbacks that were decided, AMSC is obliged to reduce its personnel by 20 %, annually. This means that, each year increasingly fewer social workers of the AMSC are, in fact, called upon not only to provide their services, but to perform miracles.



Why Romanian Migrants Don't Want to Come Back

By **Monica Breazu**,¹ *Social Worker at Casa Ioana Association, Romania*

Increasingly, homeless organisations from the more established EU countries are contacting organisations like Casa Ioana, concerning Romanian immigrants they are working with.

On the 1st of January 2014, the restrictions regarding free movement within the European Union (EU) for Romanian and Bulgarian nationals were lifted. Many EU Member States feared that the ending of restrictions would be the start of a huge wave of migration from both countries. In the United Kingdom (UK) in particular, some sections of the media created a fear of mass migration stating that immigrants would take away jobs from UK citizens and abuse the fragile health and social services. The news created public debate and as the recent European elections have shown, a political shift to the right. Although the true figures are unknown, the flood of Romanian and Bulgarian immigrants into the UK, or elsewhere for that matter, seems not to have materialised. Despite that, migration continues to be high on the political agenda as well as the social agenda, with many EU homeless organisations trying to establish contacts with Romanian and Bulgarian organisations working with homeless people to help with national immigrants living in their particular Member States.

With Romania ranking in the top three EU countries for immigration, it is clear to see why Romania is regarded as a 'push' country. With nearly half of the population living in poor conditions (particularly in rural areas), a lack of jobs with decent salaries and a deficient health and social service system, the rest of Europe is seen as a real opportunity for ordinary Romanians to exercise their rights to travel and to better themselves. Not being able to cover some of their basic needs can be an important factor for people making the decision to leave the country.

Living and working abroad is an important source of income for a significant part of the population. Migrant households have a greater number of long-term assets than households with the same socio-economic profile, but without an experience of migration. This acts as a strong motivation for a person to go abroad, especially when he or she knows someone in that country, where having a model of success can be the deciding factor for an individual to leave his or her country for work abroad. For many Romanian immigrants, the preferred countries of destination are Italy, Spain and France where language similarities make learning another language much easier. Additionally, these countries offer a great deal of employment in the agricultural sector meaning that this type of economic migration is seasonal, with workers travelling back to Romania for the colder months. A recent survey showed that 23% of Romanian economic migrants went to countries where their relatives had settled or had local friends living in the area (16%), whilst 5% stated that they had a good local knowledge of the country and economic sector.

Increasingly, homeless organisations from the more established EU countries are contacting organisations like Casa Ioana, concerning Romanian immigrants they are working with. In many of these countries, mainstream health and social support is of a higher standard than back in Romania. Many Romanians do not contribute to the state health system because they are not legally employed and therefore do not qualify for free health care except for 72 hours' emergency treatment. A perceived solution for many of these organisations is a programme often referred to as 'reconnection', where Member States 'assist' Central and Eastern European nationals who have been socially marginalised to return to their own countries to receive health and social support. Besides travelling costs, etc. financial assistance is often offered to receiving NGOs to help with supporting a returning national.

As a social worker working with a homeless organisation in Romania's capital city, Bucharest, I see many barriers arising when this 'solution' is used. Besides the obvious question of what level of 'coercion' an EU immigrant might face to return home, there are many other difficulties to be considered. No matter how desperate their situation is, for many Romanian nationals, the health and social support that they can access in their host countries is of a higher standard and quality than they could obtain in their own country. To qualify for social assistance and services in Romania, one has to prove a local connection, which for many means returning to an impoverished Romanian village where subsistence farming is the only means of viable employment. These villages are poverty traps and it is no wonder these populations look to outside their villages and country to try to build a better life for themselves and their families. For those who do not have support from their families, being homeless back home is a reality. In Bucharest, not all the districts have a shelter for homeless persons and this makes the situation even worse.

Again, if Romanian nationals do not make social contributions through their salaries, they are cut off from many of the social assistance benefits to which they might have otherwise been entitled. There is a chronic lack of affordable housing in Romania with five-year waiting lists being a norm in Bucharest. Besides, homeless people are NOT a priority group when it comes to this type of housing. An individual will not accept to return to his or her country, to be in the same homeless situation and in many cases, with no prospect of finding affordable housing.

Taking into account all the aspects previously mentioned, what is the solution? A good solu-

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tion could be to inform migrants of their rights and responsibilities before they decide to leave. This would help those who want to travel to understand the real situation, but it is likely that individuals would see it now as unfounded, anti-migration campaign propaganda. After all, it is in everyone's interest to know what they are getting themselves into. However, genuine economic migrants travel for jobs and the chance to improve their own lives. Besides, as the statistics show, many will have family and friends who are already in the host country and will have a job to go to. Therefore, it is unlikely that they will see themselves as ever failing and becoming dependant on their host state for support. They will simply see the opportunity of exercising their rights and consider that they are responsible enough to ensure success.

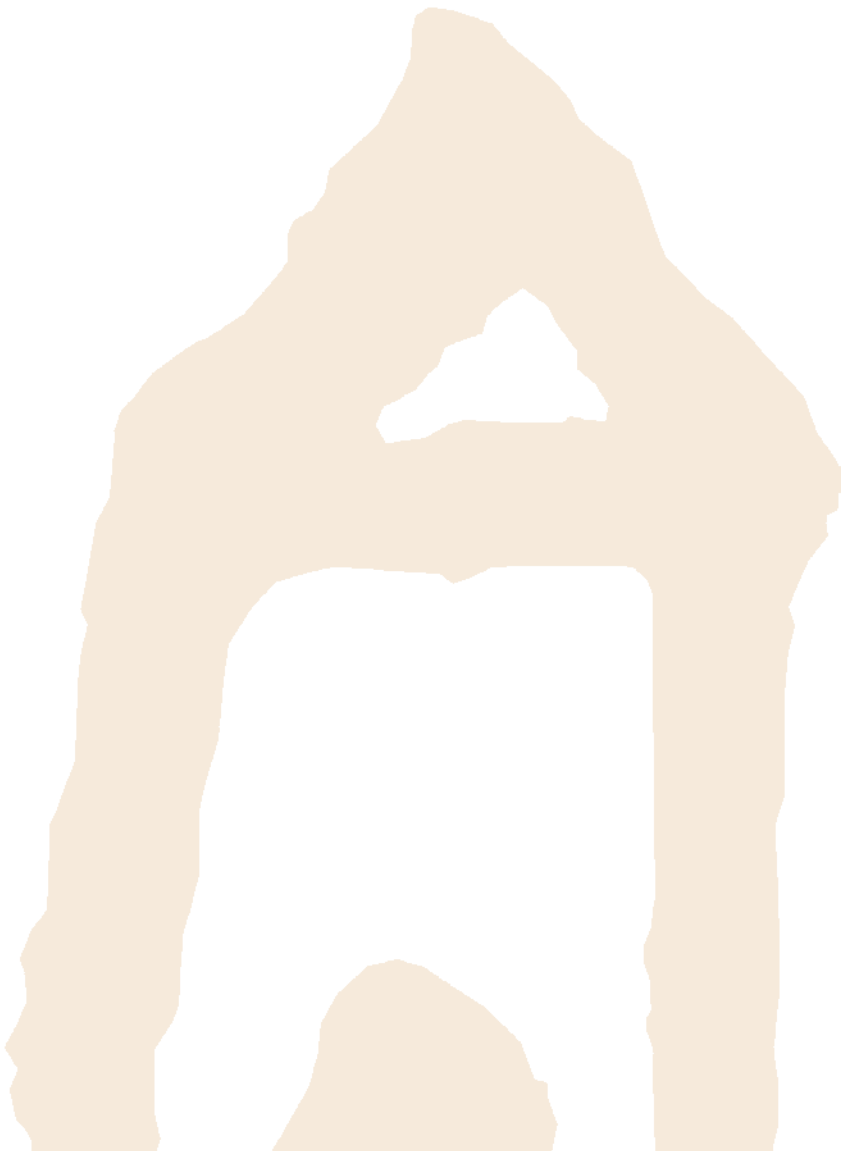
In addition, a campaign must take into account the fact that when a person decides to go abroad, he/she usually thinks that:

- they will earn more in the other country and a better life, and that employers are more reliable outside of Romania
- she/he may have the same social rights as in Romania
- the living costs in the other countries are the same as in Romania. People tend to convert the amount in the local currency giving the false impression of a higher salary or income.

Reconnection is not the solution either. For many Romanians, being down and out in London is much more preferable to being down and out in Bucharest. There is simply very little in the way of support available in Romania. Besides, my own organisation is opposed to reconnection and will not be involved in promoting it because it does not believe that it is necessarily in the best interests of the individual immigrant, despite their situation. Additionally, Casa Ioana sees inter-EU migration as a social right that can be exercised by any EU national according to the legislation.

The best solution is for EU Member States to put pressure on countries like Romania to provide an efficient, fair and adequate health and social service that adequately provides for all its citizens. The same should be true throughout the EU; it is unfair to recruit actively our health and social professionals to work in other EU Member States whilst resisting others who also want the same opportunities to enrich their lives.

As a professional, I am concerned for those who I work with, because I am duty-bound to give impartial advice and support. Conflicts abound and I must be careful not to impose my own viewpoint on somebody else. Yet, how can I really advise someone with good intentions to simply abandon their efforts towards a dream to improve their life? What real alternatives can I propose for them here in Romania? I can offer support for accessing services, but I do not even have the certainty that their application will be approved.





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Cover image:

This piece "Sharing 2013" is painted by Zilvinas Vaitiekunas who is currently using services provided by Crisis in London. He is also part of Cafe Art (www.cafeart.org.uk) which recognises and celebrates art created by people affected by homelessness in positive and inspiring ways.

Zin painted this picture which shows an act of sharing. Through this action of 'sharing' his art with everybody, he hopes to make everyone's lives more interesting and colourful. By increasing their awareness of certain things, Zin also believes it would help make our lives much more happier than it is today.

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