



'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.

¹ lab@sfi.dk



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.

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Social Workers: Challenges and Contributions to Housing First Support Programmes

By Patricia Bezunarte 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.

1 patriciab@raisfundacion.org

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 Aristu,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 Aristu, 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)